

PROJECT REPORT

My Health, My Decision: Step Ahead towards Women's Empowerment in Pakistan

Knowledge to Action grant (K2A) under HES-SO



Principal Investigator: Dr. Aneela Javed

ATTAUR RAHMAN SCHOOL OF APPLIED BIOSCIENCES

NATIONAL UNIVERSITY OF SCIENCES AND TECHNOLOGY

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Project overview

Social and cultural taboos associated with sexually transmitted diseases (STDs) contribute directly or indirectly to the rapid spread of these diseases. Women are more susceptible to sexually transmitted illnesses and experience adverse health outcomes than men. Most of these problems arise because women lack enough knowledge about the nature of the disease and the available treatment options. Making women aware of the available disease treatments, their rights, and legal liberties, fundamental human rights, or empowering them, will not only help them but will also contribute to the reduction of life-threatening illnesses. The goal of this awareness campaign is to raise understanding about the nature of STDs to minimize the societal stigma associated with the problem. Since women are more sensitive to the negative effects of STDs, raising awareness among this disenfranchised population will facilitate the dissemination of information and encourage them to take preventative measures.

Project Aims and Objectives:

Aim: Making women aware of their fundamental human rights or empowering them to reduce the burden of life-threatening illnesses.

Objectives:

- To raise understanding about the nature of STDs to minimize the societal stigma associated with the problem.
- Facilitate the dissemination of information and encourage them to take preventative measures.
- To promote women's empowerment, by educating vulnerable populations on signs and symptoms, preventing transmission, and handling infection

Project activities

Intuitional approval for the project

As a prelude to beginning the investigation, the project was approved by NUST's Institutional Review Board (IRB). This milestone enabled the project to progress its field activities, assuring ethical considerations and conformity with research standards while working to empower women in Pakistan.



NUST-IRB Certificate

1. Research Project Title: My health, my decision: step towards woman/s empowerment in Pakistan

2	Name of PI:	Dr Aneela Javed
3	Duration:	04 months
4	Name of Institution / Department	ASAB, NUST
5	IRB No.	10-2023-ASAB-09/09

6. The project proposal entitled above has been reviewed by the NUST Institutional Review Board Meeting held on 23 Oct 2023.

7. The Board approves project proposal on scale and criteria given below to be implemented before/during project execution.

- Safety Measures
- Workspace Requirements
- Protection from potential hazards & Risks
- Confidentiality Requirements (If Any)

Note: The Ethical Review Committee reserves the rights to re-review the project during the project execution to address the suggested guidelines.

(Handwritten Signature)
Prof. Dr. Muhammad Tahir
Dept. of Film Broadcasting
National University of Sciences and Technology

Signature of the Head of the Department of Thematic Research

(Handwritten Signature)

Signature & Seal of the Chairman NUST-IRB

Pro-Rector (RIC)
National University of
Sciences and Technology
(Dr. Rizwan Riaz)

For official use only

Approved:	<input checked="" type="checkbox"/>
Not Approved: (Comments)	<input type="checkbox"/>
Comments: (if Any)	

Figure: Approved IRB form for the project: My Health, My Decision: Step Ahead towards Women's Empowerment in Pakistan

Questionnaire Development and Cognitive Interviews

As the target population was community setting, the main goal was to develop a questionnaire that is culturally acceptable and easy to understand. The questionnaire consisted of 6 parts: demographic information, assessment of STI symptoms, knowledge, attitudes, practices of STIs and Depression-anxiety-stress scale (DASS) to assess mental health of participants. The demographic information included questions regarding age, marital status, employment status, their husband's information (for married only) like age, job, polygamy, travelling or living abroad. Moreover, social media usage and medical history were also taken. The knowledge section was developed based on the types, symptoms, etiology, mode of transmission, consequences, and prevention of STIs and availability of diagnostic tests. The attitudes section was based on different themes from literature including risk factors, susceptibility, misconceptions, perceived barriers and social support and advocacy. However,

the practices section was developed based on the current practices regarding reproductive health. Furthermore, DASS-21 was included to assess the mental health of participants.

The content validity of the questionnaire was conducted with an expert panel consisting of microbiologists and social scientists. The panel selected the best items for the clarity of question, accuracy of assessing the symptoms, knowledge, attitudes, and practices of STIs. The panel was involved at each step from giving feedback regarding the content from the first draft till the last. The original draft of the questionnaire was developed in English and then translated in Urdu language which is the national language of Pakistan. The questionnaire was self-reported for those who can read and write Urdu but majorly the mode of data collection was via interviews.

The face validity of the questionnaire was assessed by conducting a pilot trail and cognitive interviews to evaluate how meaningfully the items are perceived by target participants. For that the questionnaire was conducted on 8 females belonging from community setting. The participants were requested to describe and evaluate each item of the questionnaire. They were asked if the questionnaire was easy to understand, language was easy to comprehend, anything they found offensive, confusing, misleading, or ambiguous or made them feel uncomfortable. Furthermore, the layout and formatting (font style and font size) were also assessed if that was easily understandable. The finalized questionnaire was created from the findings of face validity and discussion with social sciences' team. The finalized version consisted of 21 questions for demographic information. The questions related to husband were asked only from married females. 15 questions were included to assess the symptoms of STIs, 9 for practices, 10 for knowledge and 13 for attitudes. Furthermore, DASS-21 was used to assess the depression, anxiety and stress of participants. The questionnaire was used by the team for interviews from community females. The timeframe of this step was from 8th August to 15th September 2023. The questionnaire is attached at the end

Preparation of Media

The project involved the creation of a diverse range of visually impactful and culturally resonant materials to support the dissemination of essential health knowledge. Key deliverables included **identification cards (ID cards), standees, pamphlets, posters, invitation letters, videos, and social media posts**. These materials were meticulously designed to cater to various communication channels and audience preferences. To ensure accessibility and

inclusivity, all content was developed in a bilingual format, incorporating both **English** and **Urdu** to address the linguistic diversity of the region. The materials were crafted to effectively convey critical health information and engage the target audience.

Design Process

Detail discussions held during the initial meetings, focusing on project objectives, target audience, and the key messages to be conveyed through the catchy designs. In these discussions, the overarching project objective emerged as the empowerment of women in Pakistan through the provision of essential health information. Identifying the target audience was a meticulous process that involved considering the socio-cultural nuances of the region. Our aim was to reach a diverse demographic of women, spanning various age groups, educational backgrounds, and linguistic preferences.

Conceptualization:

Key messages were identified as critical components of the campaign, with an emphasis on clarity, cultural sensitivity, and the promotion of informed decision-making regarding women's health. These messages were crafted to resonate with the experiences and challenges faced by women in Pakistan, fostering a sense of agency over their healthcare choices. The design phase saw multiple creative ideas being pitched during these meetings, reflecting the collaborative and innovative spirit of the project team. Each design proposal was carefully considered, considering its potential to captivate the target audience and effectively communicate the intended messages.

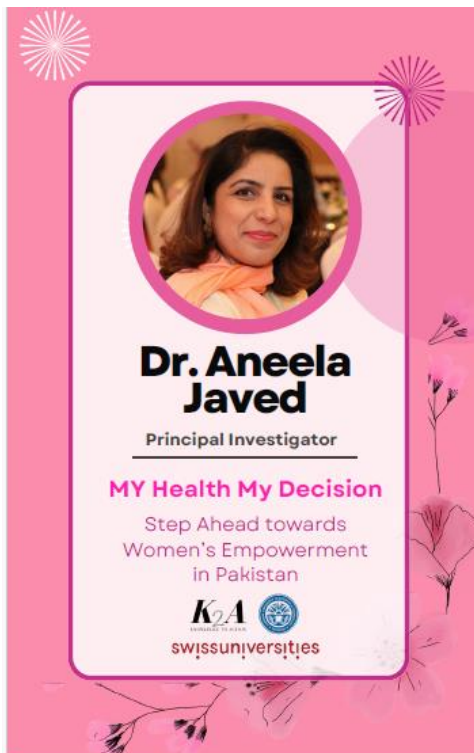
To refine and finalize these ideas, one-on-one meetings with various teams were conducted. These discussions allowed for a deeper exploration of design concepts and facilitated a nuanced understanding of the diverse perspectives within the project. The collaborative brainstorming sessions helped in conceptualizing designs that not only met aesthetic standards but also aligned seamlessly with the project's overarching goals.

Multiple design ideas were pitched in the meetings and after careful consideration one design for each of the deliverables was selected for finalization.

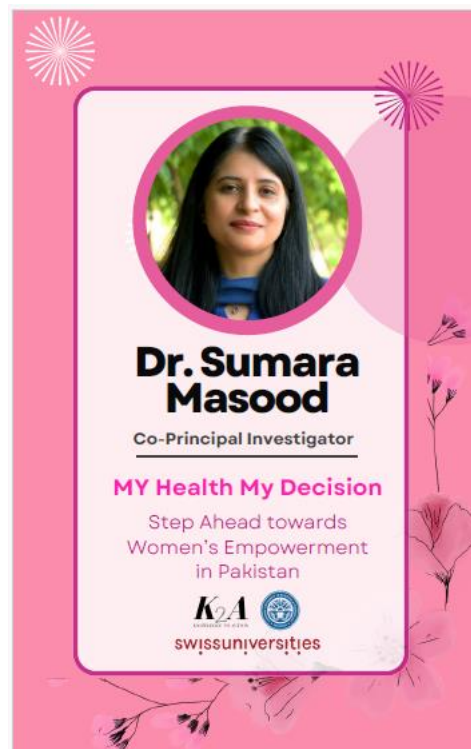
Described the creative brainstorming sessions that led to the development of design elements, aligning with the project's goals.

Design Deliverables:

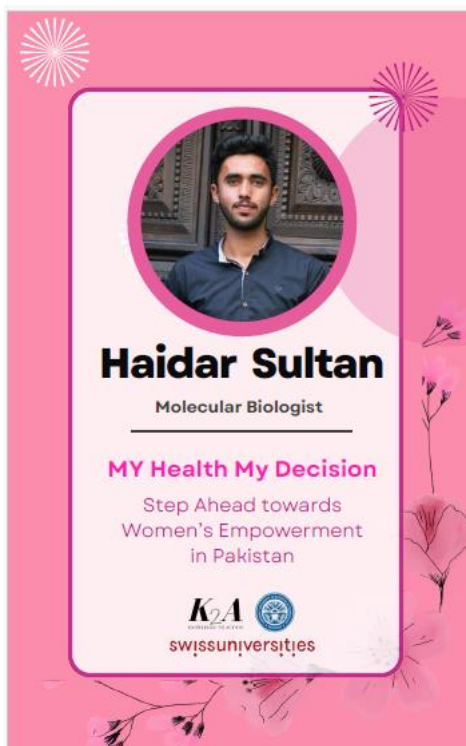
ID Cards Team Members



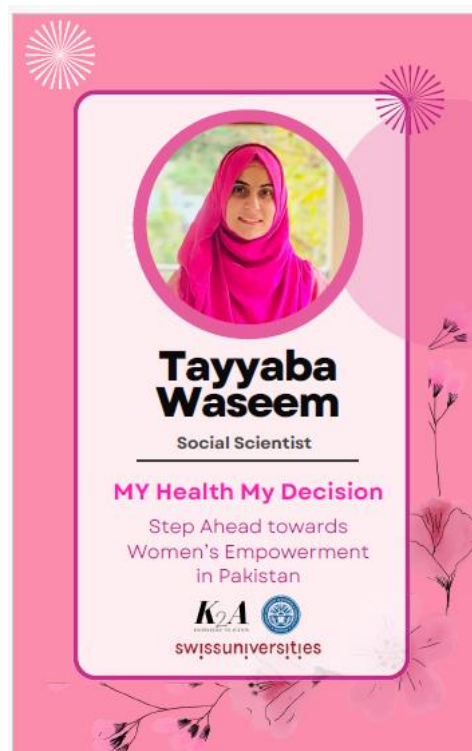
Dr. Aneela Javed
Principal Investigator
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Dr. Sumara Masood
Co-Principal Investigator
MY Health My Decision
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Haidar Sultan
Molecular Biologist
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Tayyaba Waseem
Social Scientist
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Momina Ejaz
Molecular Biologist


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Sabahat Habib
Molecular Biologist

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Tehmina Azam
Graphic Designer

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ID Cards Volunteers (For different teams):



Standees in English: Design: Highlight visual elements used to convey health information effectively. Team Introduction and Symptoms Standee:



Symptoms and Risk Factors Standee

My Health Decision

Step ahead towards women's empowerment in Pakistan

Risk Factors of STIs

- Using used syringes
- Multiple partners
- Breaks in skin
- Inconsistent condoms use
- Severity of partner's infection
- Sharing contaminated needles

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National University of Sciences and Technology
(NUST) H-12, Islamabad

My Health Decision

Step ahead towards women's empowerment in Pakistan

Preventions of STIs

- Get tested
- Avoid multiple partners
- Get vaccinated
- Use condoms
- Communicate with your partner
- Avoid sex during infection

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National University of Sciences and Technology
(NUST) H-12, Islamabad

Standeers in Urdu:

Team Introduction and Symptoms Standee:

**میری صحت
میرا فیصلہ**

پاکستانی خواتین کو صحت کے فیصلوں
میں باختیار بنانے کی طرف قدم بڑھائیں


ڈاکٹر سمارا
مسعود


ڈاکٹر انیلہ
جاوید

اور ان کی ٹیم کے ساتھ


طیبہ
وسیم


مومنہ
اعجاز


حیدر
سلطان


صباحت
حبیب


تہمینہ
اعجاز

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**Atta-ur-Rahman School of Applied Biosciences
National University of Sciences and Technology
(NUST) H-12, Islamabad**

**میری صحت
میرا فیصلہ**

پاکستانی خواتین کو صحت کے فیصلوں
میں باختیار بنانے کی طرف قدم بڑھائیں

جنسی بیماریوں کی
عام علامات


تکلیف دہ
سیکس


ماہواری میں بہت
زیادہ خون بہنا


پیشاب کے
دوران درد


شرمگاہ کے
ارد گرد خارش


اندام نہانی سے
پھیلا یا سبز خراج


منہ کے ارد
گرد چھالے

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National University of Sciences and Technology
(NUST) H-12, Islamabad**

میری صحت میرا فیصلہ

پاکستانی خواتین کو صحت کے فیصلوں
میں بااختیار بنانے کی طرف قدم بڑھائیں

**جنسی بیماریوں کا
خطرہ بڑھا نے والے عوامل**



استعمال شدہ
سرنجوں کا
استعمال



متعدد
شراکت دار



جلد میں ٹوٹ
پھوٹ



کنڈوم کا
استعمال



شوہر کی بیماری
کی شدت



سوئیوں کا
مشترک استعمال

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National University of Sciences and Technology
(NUST) H-12, Islamabad

میری صحت میرا فیصلہ

پاکستانی خواتین کو صحت کے فیصلوں
میں بااختیار بنانے کی طرف قدم بڑھائیں

**جنسی بیماریوں سے
بچاؤ کے طریقے**



ٹیسٹ
کروائیں



متعدد شراکت
داروں سے بچیں



ویکسینیشن
کروائیں



کنڈوم کا
استعمال کریں



شوہر کو بیماری
کے بارے میں
بتائیں



بیماری کے دوران
جنسی تعلقات
سے پرہیز کریں

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Atta-ur-Rahman School of Applied Biosciences
National University of Sciences and Technology
(NUST) H-12, Islamabad

Pamphlet English:

Three-fold Design: Describe layout and content distribution.

Information Inclusion: Specify health-related information covered in each section.



Signs of STIs

Heavy bleeding in periods



Painful urination



Itching and redness in genital area



Yellow or green vaginal discharge



Blisters around mouth



Painful sex



What are STIs?

Sexually transmitted diseases can be spread through the transfusion of infected blood, the use of infected syringes with needles or other medical devices, and unprotected sex.

Sexually transmitted diseases in the Pakistani population include AIDS, herpes, gonorrhoea and hepatitis.

"My Health, My Decision" is an important step towards empowering women to make independent health decisions for themselves and their families

KoA
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Preventing STIs



Get tested



Use of balanced and good diet



Communicate with your partner



Get Vaccinated



Avoid multiple partners



Avoid sex during infections

Pamphlet Urdu:

جنسی بیماریوں کی
اقسام

کلیماڈیا
ایڈز
آتشک
سوزاک
ہیپاٹائٹس
ہرپس

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KNOWLEDGE TO ACTION

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Atta-ur-Rahman School
of Applied Biosciences
(ASAB),
National University of
Sciences and
Technology (NUST)

میری
صحت
میرا
فیصلہ

پاکستانی خواتین
کو صحت کے فیصلوں
میں با اختیار بنانے کی طرف
قدم بڑھائیں

جنسی بیماریوں کی عام علامات

جنسی بیماریاں کیا ہیں

جنسی بیماریوں سے بچاؤ کے طریقے

 ماہواری میں بہت زیادہ خون بہنا

 پیشاب کے دوران درد

 شرمگاہ کے ارد گرد خارش

 اندام نہانی سے پیلا یا سبز خراج

 منہ کے ارد گرد چھالے

 تکلیف دہ جنسی عمل

جنسی طور پر منتقل ہونے والی بیماریاں متاثرہ خون کی منتقلی، متاثرہ سرنجوں کے استعمال سوئیوں یا دیگر طبی آلات اور غیر محفوظ جنسی تعلقات سے پھیل سکتی ہیں۔ پاکستانی آبادی میں جنسی طور پر منتقل ہونی والی بیماریوں میں ایڈز، ہرپیس، گونوریا اور ہیپاٹائٹس شامل ہیں۔

"میری صحت، میرا فیصلہ"

خواتین کو اپنی اور اپنے خاندان کو صحت کے متعلق فیصلوں میں خود مختار بنانے کی طرف اہم قدم ہے

 ٹیسٹ کروائیں

 متوازن اور اچھی خوراک کا استعمال

 خاندان کے افراد کو بیماری کے بارے میں بتائیں

 ویکسینیشن کروائیں


 متعدد شراکت داروں سے بچیں

 محفوظ ازدواجی رشتہ برقرار رکھیں



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Invitation Letters:



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Healthy Woman, Healthy Society

Good health is a gift from Allah, take care of it



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Dr. Aneela Javed and Dr. Samara Masood from NUST University, Islamabad are coming with their team to your area where they will provide information about good health and prevention of diseases to the women which is equally important to save both time and money. If you want to benefit from their professional advice, visit the address given on this card on 29th.

Please Join Us, and Inform Others too!

Al-Habib Arcade Marriage Hall
Ayubia Road, Kalli Mitti, Murree
Rawalpindi

29 October 2023
10 a.m.

Habib Abbasi: 0300-5000387
Javed Abbasi: 0310-3220760
Shams abbasi 0346-5349208



NUST
NATIONAL UNIVERSITY
OF SCIENCES & TECHNOLOGY

صحت مند عورت ، صحت مند معاشرہ

اچھی صحت الہی کا تحفہ ہے ، اس کا خیال رکھیں

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نسٹ یونیورسٹی سے ڈاکٹر انیلہ جاوید اور ڈاکٹر سمارا مسعود آ رہی ہیں اپنی ٹیم کے ہمراہ ، آپ کے علاقے میں جہاں وہ علاقے کی خواتین کو اچھی صحت اور بیماریوں سے بچاؤ کے بارے میں معلومات فراہم کریں گی۔ ان اصولوں پر عمل کر کے صحت میں بہتری کے ساتھ ساتھ پیسہ اور وقت دونوں بچائے جا سکتے ہیں۔ اگر آپ انکے پیشہ ورانہ مشوروں سے مستفید ہونا چاہتی ہیں تو اس کارڈ پر دیے گئے پتہ پر 29 تاریخ کو تشریف لے آئیں خود بھی آئیں اور دوسروں کو بھی مطلع کریں

Al-Habib Arcade Marriage Hall
Ayubia Road, Kalli Mitti, Murree
Rawalpindi

29 اکتوبر 2023
صبح 10 بجے

Habib Abbasi: 0300-5000387
Javed Abbasi: 0310-3220760
Shams Abbasi 0346-5349208

Event Announcement Posters:

Capture attention and convey event details.

My Health, My Decision

Step ahead towards women's empowerment in Pakistan

Awareness campaign regarding women's good health and diseases

Al-Habib Arcade Marriage Hall Ayubia Road, Kalli Mitti, Murree Rawalpindi

Dr. Sumara Masood

29 October 2023
10 a.m.

Dr. Aneela Javed

Habib Abbasi: 0300-5000387
Javed Abbasi: 0310-3220760
Jamshaid Abbasi: 0300-5357337
Shams abbasi 03465349208

میری صحت ، میرا فیصلہ

پاکستان میں خواتین کو باختیار بنانے کی طرف قدم بڑھائیں۔

اچھی صحت اور خواتین کی بیماریوں کے بارے میں آگاہی

Al-Habib Arcade Marriage Hall Ayubia Road, Kalli Mitti, Murree Rawalpindi

ڈاکٹر سمارا مسعود

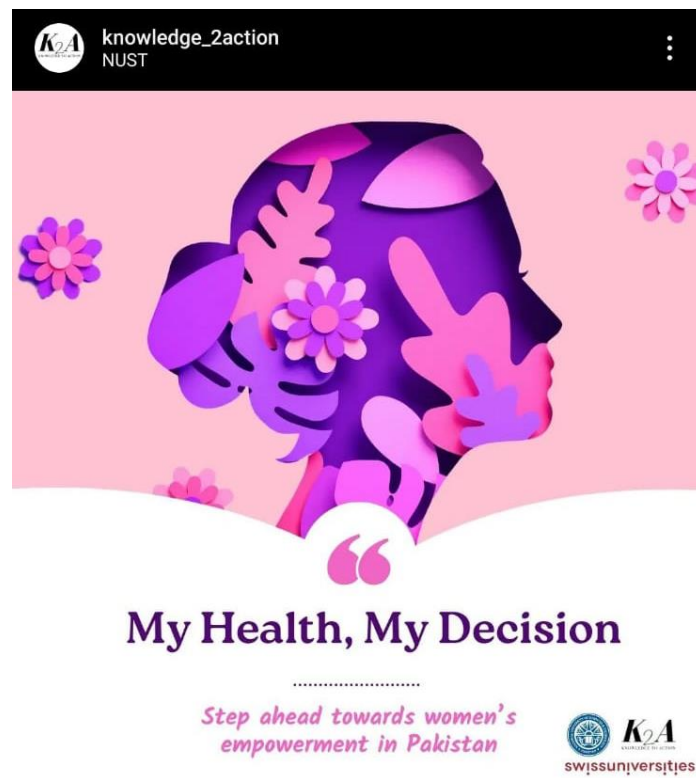
29 اکتوبر 2023
صبح 10 بجے

ڈاکٹر انیلہ جاوید

Habib Abbasi: 0300-5000387
Javed Abbasi: 0310-3220760
Jamshaid Abbasi: 0300-5357337
Shams abbasi 03465349208

Social Media Posts:

Instagram Posts: Showcase visually engaging and informative content aligned with the project's message.



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My Health, My Decision



Dr. Aneela Javed
Principal Investigator

Dr. Aneela Javed is a dedicated researcher with over a decade of experience in infectious diseases, including STIs. With the K2A project, she aims to directly benefit the community by implementing scientific interventions and driving change through the power of scientific knowledge.



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My Health, My Decision




Dr. Sumara Masood
Co-Principal Investigator

As a social scientist, Dr. Sumara has contributed towards the scientific investigation of the communicable and non-communicable diseases and their spread in different marginalized populations. In K2A project, she intends to assess KAPs of local community and develop integrated interventions for the betterment of sexual health of rural community.




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My Health, My Decision



TEHMINA AZAM
GRAPHICS DESIGNER

is passionately collaborating with the K2A team to bring their innovative ideas to life through stunning visuals.



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My Health, My Decision



TAYYABA WASEEM
SOCIAL SCIENTIST


Her passion lies in utilizing her skills and knowledge to facilitate the community members in the best possible way through K2A project.



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My Health, My Decision

MOLECULAR BIOLOGIST



SABAHAT HABIB

An enthusiastic researcher who aspires to make advances in biotechnology research for the betterment of the health of fellow humans.



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My Health, My Decision

MOLECULAR BIOLOGIST



MOMINA EJAZ

An avid virologist in K2A team with a great drive to push the barriers of science through groundbreaking research




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My Health, My Decision

MOLECULAR BIOLOGIST



Haidar Sultan


Contributing to the K2A Project by Empowering Women's Health Through Awareness, Education, and Enhanced Healthcare Access.



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Status of Women Health Globally



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CERVICAL CANCER
~ 311 000 HPV induced cervical cancer deaths annually

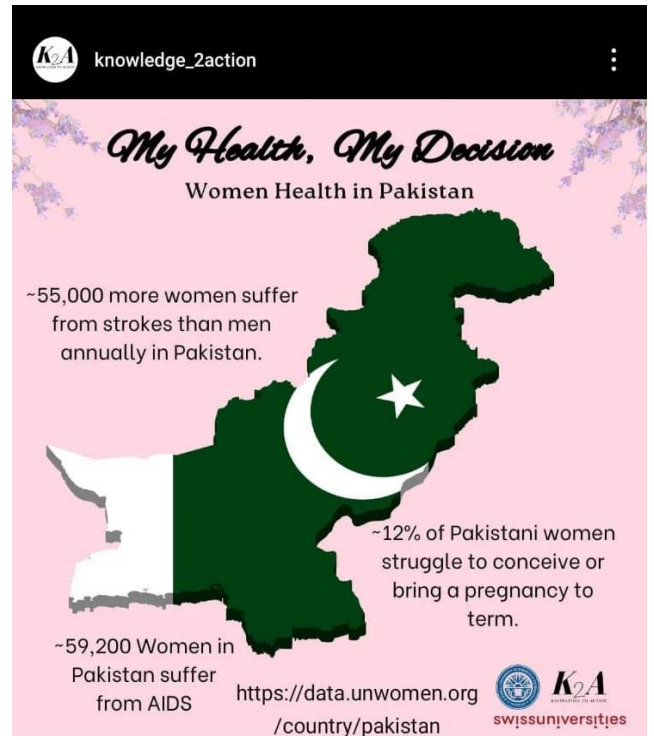
SEXUALLY TRANSMITTED INFECTION
~374 million new STIs
More than 1 million (STIs) are acquired every day.

BREAST CANCER
~83,000 breast cancer annually

POLYCYSTIC OVARY SYNDROME (PCOS)
~8-13% of PCOS in reproductive-aged women.

DEATHS DURING CHILD BIRTH
~178 women per 100,000 die during child birth

<https://www.who.int/dataglob/publications/world-health-statistics>



Google Document Generation and QR Code:



Certificate Design:



Script and Animations:

In my role as the animator for the STI awareness and women's understanding segments, I focused on creating animations that were both informative and emotionally resonant. The visual elements for STI awareness centered around clear representations of preventive measures, symptoms, and available healthcare resources. Animation techniques were employed to illustrate the dynamics of transmission and the importance of regular check-ups. For the women's understanding segment, the animations aimed to depict diverse experiences and perspectives, fostering empathy and connection. Through character animation and relatable scenarios, we sought to break down barriers and encourage open conversations about women's health. The animations contribute significantly to the overall success of the campaign by making essential health information accessible, engaging, and culturally relevant.

Awareness Animation 1:

https://drive.google.com/file/d/1gm7SBBb7zZssMI5sf2F6PUmdl-sMLnwk/view?usp=drive_link

Awareness Animation 2:

https://drive.google.com/file/d/1P_xZ81qsMNxnyxr2h0r9D-h9VzclBTI5/view?usp=drive_link

Awareness Animation 3:

https://drive.google.com/file/d/1MHvCGsW3dJWNv4V4uhEAwQT1uL6SRgGZ/view?usp=drive_link

Role during the campaign:

During the "My Health, My Decision" seminars, I managed media by capturing photos and videos, documenting key moments and discussions. Post-seminar, I edited the pictures for social media and newsletters, ensuring a polished presentation. I also compiled and edited videos, creating dynamic highlights for digital dissemination. This multimedia content not only preserved the seminar experience but also amplified campaign reach and engagement across various platforms.

Site analysis

For our first field visit, we chose **Kali Mitti**, a rural region located on Nathiagali Road in Rawalpindi, Pakistan. The purpose of the visit was to conduct an initial assessment of the knowledge level of women in the community. Following initial consultations with residents,



Figure: the K2A team in Kali Mitti, located on Nathiagali Road in Rawalpindi, Pakistan for initial field assessment

as well as the nurses and doctors stationed at the site, we determined the need for targeted intervention. In light of this, we decided to hold an awareness workshop at the location to address specific health and empowerment issues, with the goal of encouraging and educating the women in this neighborhood.

Procurement

1st Community visit

In response to the initial visit to the community of Kali Mitti, a rural enclave situated on Nathiagali Road in Rawalpindi, Pakistan, the Knowledge to Act (K2A) team discerned the pressing need for women-centric awareness regarding sexually transmitted infections (STIs). Recognizing the significance of knowledge dissemination, the team proposed a comprehensive session covering the nature, etiology, complications, diagnosis, and treatment of commonly known STIs. The aim was to empower women with information about their sexual health, providing them with the tools to make informed decisions and take proactive measures.

On the designated day, the K2A team arrived early in the morning, orchestrating the logistics for an impactful seminar. Dr. Aneela Javed and Dr. Sumara ul Masood, the gracious hosts, extended a warm welcome to the participants. The seminar commenced with the distribution of questionnaires, ensuring an initial assessment of the attendees' knowledge and concerns. Those requiring assistance were paired with dedicated volunteers who guided them through the questionnaire, while others independently completed the assessment. Following this, the women were offered a free health checkup, encompassing essential parameters such as blood glucose, uric acid levels, hemoglobin, cholesterol, BMI, and blood pressure. Notably, women exhibiting symptoms of any STI were provided with the opportunity to submit a vaginal swab sample on the spot for further testing.

The subsequent educational session covered a spectrum of topics, enlightening participants about the intricacies of STIs, modes of transmission, prevention strategies, and avenues for testing and treatment. The discourse included bacterial infections such as chlamydia, gonorrhea, and syphilis, as well as viral ones like herpes, HIV, and Hepatitis. Additionally, the team addressed prevalent female complications, delving into bacterial vaginosis, yeast infections, and urinary tract infections (UTIs). The seminar also seized the opportunity to raise awareness about breast cancer, emphasizing the importance of early detection. Furthermore, discussions on women's empowerment and mental health added a holistic dimension to the event, underscoring the interplay between physical and psychological well-being.

The seminar garnered an overwhelming response, with over 400 women in attendance. A majority actively engaged in filling out questionnaires, leading to a robust dataset for analysis. Notably, a significant portion, approximately 70 women, availed themselves of the opportunity

to provide vaginal swab samples for immediate testing. Upon returning to the lab, the team meticulously correlated the questionnaire responses with the symptoms exhibited in the swab samples. Subsequently, five samples were selected and sent for metanalysis to ascertain the specific organisms responsible for the observed diseases. This comprehensive approach not only facilitated immediate intervention for those in need but will also provide valuable insights for future community health initiatives. The success of the seminar underscored the importance



of tailored, community-specific healthcare interventions in fostering awareness, prevention, and empowerment.

Figure: Different Activities during the community visit

Awareness Campaigns in Universities

In our commitment to raising awareness not only among women but also the youth, our team visited three universities. During these visits, we engaged with students at International Islamic University (IIUI) (6th and 18th December 2023), Air University (11th December 2023), and Capital University of Sciences and Technology (CUST) on the providing critical information about the nature of sexually transmitted diseases (STDs) and emphasizing the importance of raising awareness in combating these health threats. By addressing the younger generation, we hope to build a culture of educated decision-making and responsible behavior surrounding sexual health within the university community.

International Islamic University (IIUI) (6th and 18th December 2023)- Sector H-10, Islamabad

The delegation visited two departments of the International Islamic University: The Social Sciences Department on December 6, 2023, and the Biological Sciences Department on December 18, 2023. The seminars attracted a large turnout, with 70 and 150 female students in attendance, respectively. The seminar addressed some significant topics related to the unexpected increase in STI infections in the capital. To assess the degree of knowledge among questioners, questionnaires were distributed to students who agreed to participate.

Various aspects, such as students' increased interest in drug usage, social stigma, and lack of information about such issues, were addressed in informative debates between the presenters and audience. Furthermore, as part of women's empowerment, the impact of STIs on mental health was explored to emphasize that seeking help for STI testing and treatment is perfectly normal and should not be considered taboo.



Figure: The K2A team at the International Islamic University (IIUI); Social science (6th December 2023) and biological department (18th December 2023)

Air University (IIUI) (11th December 2023)

The Knowledge to Act (K2A) group engaged 150 Management Department students at Air University in an influential awareness session on December 11, 2023. The purpose of the seminar was to educate the students on STIs, or sexually transmitted illnesses, by explaining

what they are, how they spread, and the harm they may do to a person's health. In order to combat the rising incidence of STIs, the team stressed the importance of routine testing and



Figure: The K2A team at Air University on the 11th of December 2023

maintaining knowledge as key strategies. The workshop went beyond just raising awareness of sexually transmitted infections to include address breast cancer, highlighting the significance of early identification and preventative health measures. Moreover, the conversation broadened to cover mental health in relation to STIs and young people, drawing attention to the fact that physical and mental health are closely related. The purpose of the event was to provide students with information that would help them have healthier, more fulfilling lives in all aspects.

Social Sciences Team

The social sciences team consisted of 11 people altogether. A team lead (Assistant Professor psychology and also the co-PI of the project), research assistant (postgraduate student of clinical psychology) and 3 undergraduate students from last year and 6 from second year of psychology were part of the team. All of them were females with Pakistani background and had firm grip on Urdu and English.

Involvement of Undergraduate Students

Three of the undergraduate students of psychology were involved in the project in the social sciences team. It was done so that they could contribute in the development of questionnaires, help in data collection and analysis of data. This task was also considered as the part of their final year project.

Preliminary visit in rural area

A visit was planned on 11th October 2023 to the targeted rural community. The team of 10 people including PI, co-PI, 4 RAs and 2 undergraduate students left the university at 11 am and reached the venue around 1 pm. There were two primary purposes of the visit. Firstly, to see the necessary preparation for the main event that included the booking of venue, deciding lunch menu for the participants, sitting arrangement, speakers and multimedia. Secondly, to meet the doctor and lady health worker of the area. Meeting with them was scheduled to understand more about the females residing in the area, their problems, living condition, language, culture and access to health services. A semi-structured form was developed to probe such themes. Initially, the lady doctor was interviewed for 25 minutes and then the lady health worker. They were shown the questionnaire developed to give feedback according to the community. They reported that the questionnaire was appropriate to be asked in the community.

Selection of Volunteers

After the development of the questionnaire and first field visit, another volunteer call for social sciences department was given. The aim was to involve more undergraduate students to take interviews so that a large number of participants can be targeted. The interview was conducted by the team lead along with RA and final year students on 13th October, 2023. More than 10 people came for the interview and 6 were selected. The selection was based on their level of competence to effectively take interviews in community and Urdu speaking skills of the interviewees.

Training of Volunteers

The training of volunteers was the important step in this process. A WhatsApp group was formed to coordinate with volunteers. It started from 16th October till 28th October 2023. On the first day of training, the volunteers were briefed about the K2A project, its objectives and main goals. They were given a presentation on STIs, its causes, symptoms, types and other relevant knowledge to help them gain insight about the problem. The PI of the project briefed them about the community and the females residing there. Two things were focused; first that the volunteers are comfortable asking questions themselves and make the participant easy too and secondly talking entirely in the national language i.e. Urdu. RA from social sciences gave them the hard copy of questionnaire and each question was discussed that how to ask the question appropriately. Next, they were asked to role play with each other. The social sciences'

research assistant supervised their role plays and gave feedback. The role play exercise lasted for a week and next they were asked to practice with at least two members from the community. All their confusions or queries were addressed face-to-face and on WhatsApp. Till last day, it was made sure that each and everyone is trained enough to ask questions appropriately and managing time effectively.



Social sciences' team during the first visit to community

First seminar

The first seminar was conducted on 29th October 2023. At 8 am, the whole team consisting of social sciences and biological sciences background left together from university. Around 11 am, the team reached the venue and started decorating the hall with balloons. Each member of the social sciences team had a separate table for the interview. They got themselves ready for the interview and after greeting each participant, they were sent to any table for interview. It almost took 15 minutes on average per participant. All the participants were very open to tell their concerns and gave the responses very openly. They were appreciative of an event

like this in their community where access to resources is limited.



Social sciences team taking one-to-one interviews

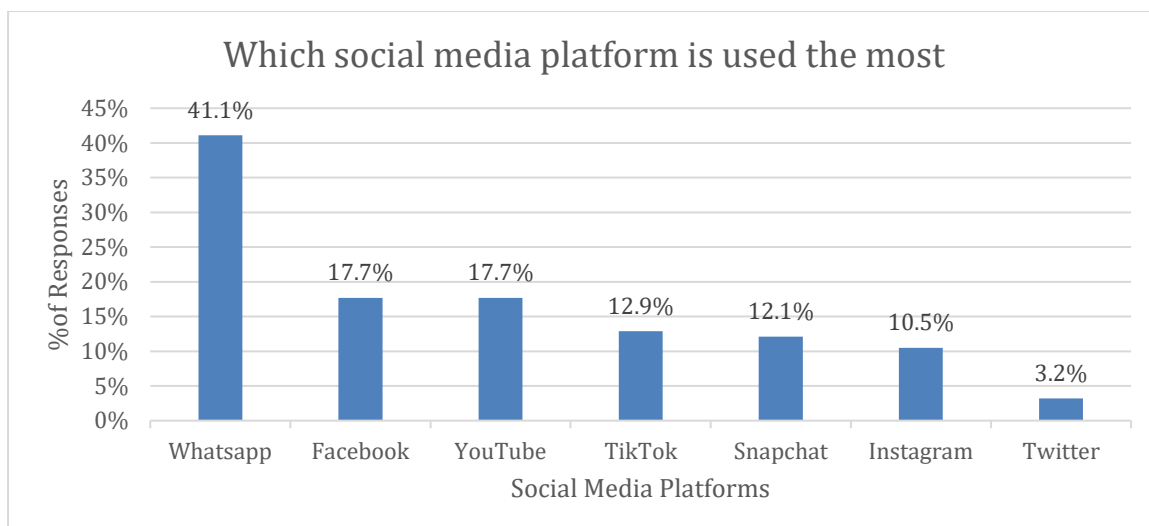
All the participants were females ranging between 15 to 70 years of age ($M_{age} = 39.13$, $S.D = 12.55$). The majority of them were married and non-working females. More than half of the participants (61%) lived in the nuclear family system while others lived in the joint family system. The details of socio-demographic and familial characteristics are presented in Table 1.

Table 1. Socio-demographic characteristics of study participants (N=123)

Socio-demographic Characteristics	F	%
Marital Status		
Married	98	79.7 %
Unmarried	15	12.2 %
Divorced	3	2.4 %
Widow	7	5.7 %
Occupation		
Housewife	92	74.8 %
Working	21	17.1 %
Student	10	8.1 %
Contribution in family income		
Yes	21	17.1 %
No	102	82.9 %
Education		
Not educated	23	18.7 %
5th grade or below	22	17.9 %

6- 9th grade	15	12.2 %
Till Metric	21	17.1 %
Till 11-12 years	14	11.4 %
14 years and above	27	22 %
Familial Characteristics		
Family System		
Nuclear	76	61.3 %
Joint	45	36.3 %
Household Size		
2 people living together	5	4.0 %
3-6 people living together	73	58.9 %
7-10 people living together	33	26.6 %
More than 10 people living together	10	8.1 %
Husband's Education		
Not educated	6	4.9 %
5th grade or below	11	8.9 %
6- 9th grade	13	10.6 %
Till Metric	33	26.8 %
Till 11-12 years	14	11.4 %
14 years and above	18	14.6 %
Husband's employment		
Employed in the government sector	12	9.8
Employed in the non-government sector	66	53.7
Unemployed / Retired	15	12.2
Working Abroad	3	2.4
Husband living abroad		
Yes	9	7.3 %
No	89	72.4 %
Husband traveling abroad		
Yes	15	12.2 %
No	83	67.5 %
Husband's Polygamy		
Yes	14	11.4 %
No	84	68.3 %
Husband taking any drugs		
Yes	35	28.5 %
No	62	50.4 %
Don't know	1	0.8 %

A total of 22% (n=27) of the participants did not have phone at all. Among the remaining, 48% (n=59) had smartphones while others (n=37, 30%) did not have smartphones. More than the majority of the participants (60.2%, n=74) did not use any social media while 17% (n=21) used only one social media application, 13% (n=16) used 2 to 4 applications and 9% (n=11) used more than 5 applications. The details of the frequently used applications are given in Figure. About 30% of participants used the internet for health information and 38% (n=47) believed that the internet contains information regarding STIs.



Frequency of usage of social media applications

Out of 123 participants, 116 were tested for their blood sugar level, 120 for blood pressure, 99 for uric acid, 96 for hemoglobin, and 93 for cholesterol. The details of biological characteristics are mentioned in Table 2. 41.5% (n=51) participants gave vaginal swabs and out of them, 5 samples were considered for metagenomics based on their symptoms.

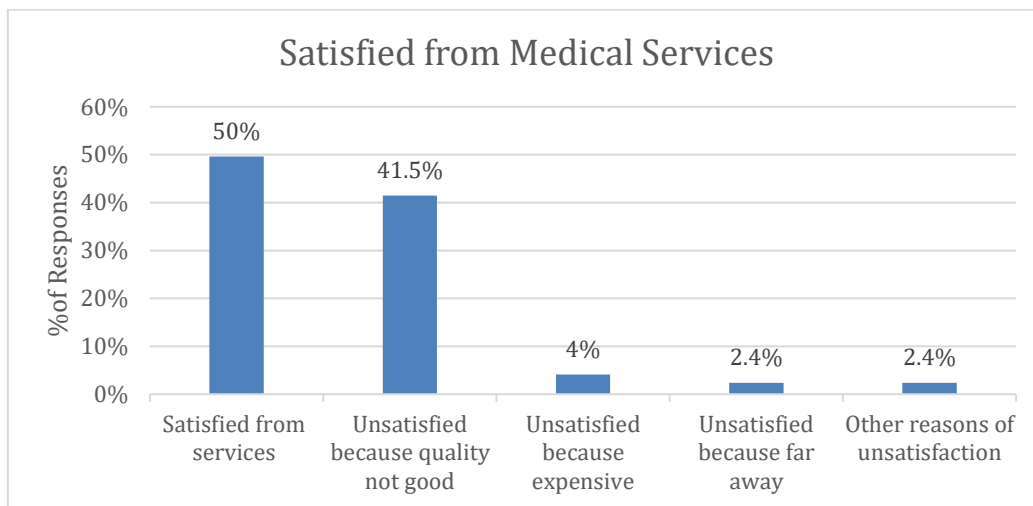
Table 2. Biological characteristics of study participants (N=123)

Biological Predictors	F	Prevalence
BMI		
Underweight	17	13.9 %
Healthy weight	47	38.5 %
Overweight	36	29.5 %
Obesity	22	18 %
Blood Pressure		
High	80	66.6 %
Normal	35	29.1 %
Low	5	4.1 %
Blood Sugar Level		
High	43	37 %
Normal	70	60.3 %
Low	3	2.5 %
Uric Acid		
High	8	8.08 %
Normal	54	54.5 %
Low	37	37.3 %
Hemoglobin		
High	3	3.1 %
Normal	60	62.5 %
Low	33	34.3 %
Cholesterol		
High	12	12.9 %

Normal	66	70.9 %
Low	13	13.9 %
Blood clot	2	2.1 %

Assessment

All the participants were assessed for their symptoms of STIs and their medical history. About 61.8% (n=76) of females reported that they did not undergo any surgery throughout their lives while the remaining 38.2% (n=47) reported surgery history. Moreover, 23.6% (n=29) participants reported blood transfusion history and 17.9% (n=22) reported regular use of syringes due to any disease like diabetes. Almost half (n=61) of the participants were satisfied with the medical service in the area while the others were unsatisfied. The most common reason for dissatisfaction was reported to be the quality of services as not good.



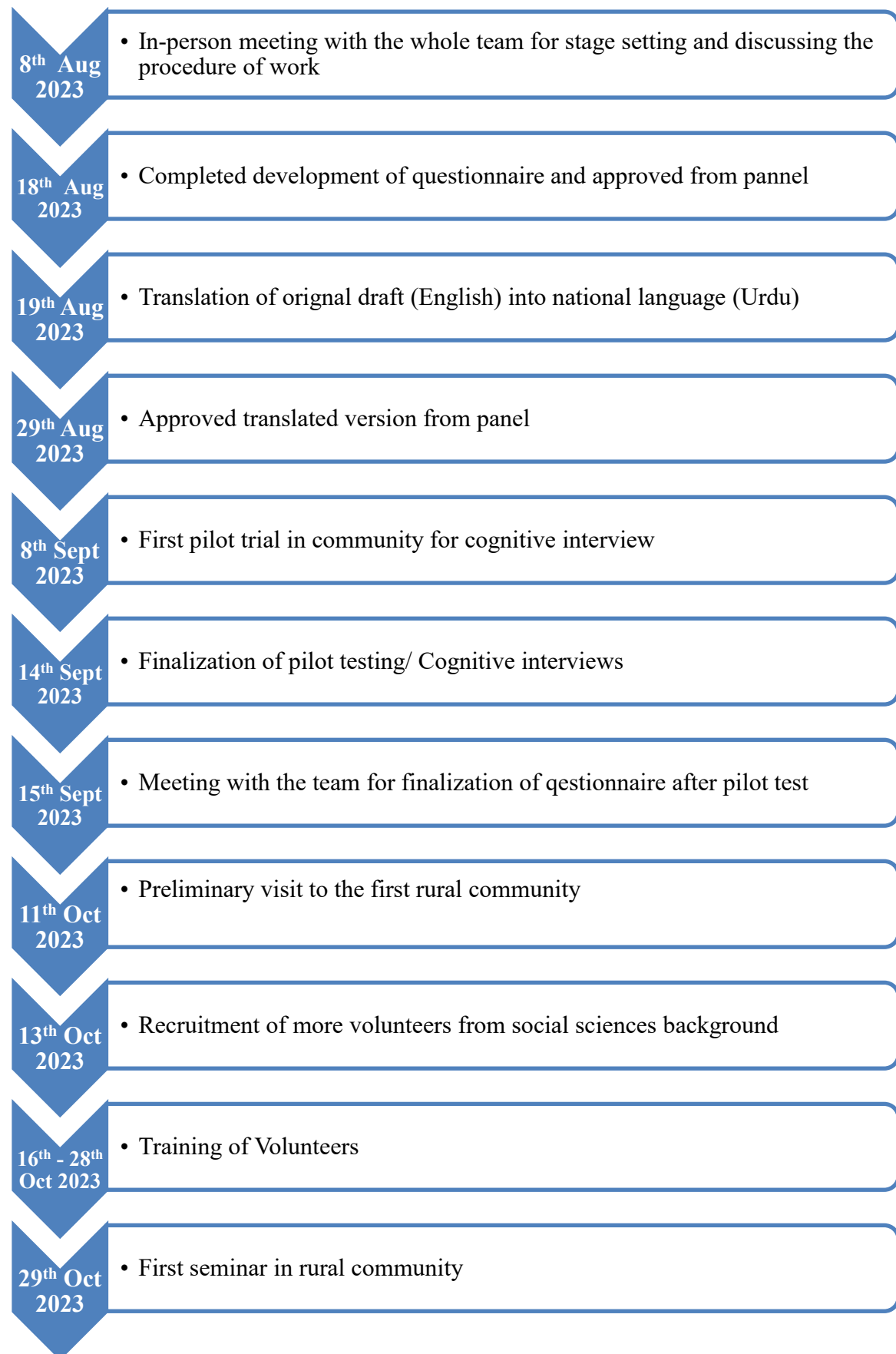
Level of satisfaction from medical care of the area

The age of onset of puberty reported by the majority (51.2%, n=63) of the participants was between 14-16 years of age while others reported before 11 years (1.6%), 11-13 years (30.9%) and after 17 years of age (10.6%). 26.8% of participants had menopause and other 73.2% had periods. Among them, 52 % of females reported regular while others had irregular monthly cycles. Around 51 % of the females reported that their periods lasted for 4 to 7 days whereas 17% reported the duration to be less than 3 days and 6.5% reported that the total days were more than 7. Moreover, the participants were asked about bleeding other than periods to which 7.3% (n=9) reported it. These participants reported that bleeding occurs after menopause (0.8%), during intercourse (1.6%), during intermenstrual bleeding (0.8%), and at other times (2.4%). Furthermore, 68.3% (n=84) of females reported vaginal discharge. Among them, 46% reported thick discharge while others had thin type of discharge. The color of the discharge

reported mainly was white (57%, n=70) and yellow (12.2%, n=15). However, grey and grey discharge was also reported (0.8%). Some (40%) of the participants also reported that the discharge had a foul smell. Furthermore, genital itching and burning was reported by 57% (n=70) participants. These symptoms were reported to be at different times that included after excessive vaginal discharge (8.9%), during intercourse (14.6%), during urination (15.4%) and other times (4.9%). Around 5% females reported multiple times when these symptoms emerge and 31% reported that these symptoms worsen at night. Additionally, about 92% females reported body pain including abdominal pain (28%), joint pain (51%), leg pain (9%), pain in genitals or during urination (7.3%), pain during sex (13 %) and in other parts (48%). Furthermore, red sores, small blisters and white spots on skin were reported by 19.5% and sores specifically on genitals were reported by 4%, on mouth/ lips by 5.7% and on hands by 8.1%. About 73% participants also reported flu like symptoms which included sore throat (40.7%), fatigue (56%), fever (32.5%), loss of appetite (29.3%), decreased immunity (45.5%), nausea (24.4%) and vomiting (19.5%). The participants were also assessed for the change in urine color. Majority of them reported yellow color (71.5%) while others reported white (6.5%), grey (2.4%), brown (0.8%) and red (2.4%) color.

The participants were also asked about symptoms of STIs in husband. About 20% females had no idea about any symptom of husband while around 15% reported some symptoms. These symptoms included burning and itching (5%), pain around genitals (5.7%), sores or blisters on skin (3.3%) and change in urine color (2.4%). Almost 38% participants reported that they or husband have taken treatment for their symptoms. Mostly (60.2%) considered doctors for treatment while others went to hakeem (2.4%), family members (4%) and others (9.8%) for treatment. Few (39%) completed the treatment course while others did not. Among those who did not complete the treatment plan reported several reasons that included considering the problem ordinary (9%), inaccessibility to resources (3.3%), short duration of problems (3.3%), financial reasons (4.1%) and disagreement from the treatment plan (2.4%).

Timeline



MEATGENOMICS DATA ANALYSIS:

Suspected cases

B-004: husband's polygamy present, also shows itching, excessive pain after urination

B-22: age is 17, is unmarried but would get injection because had too much pain during period, has PCOS symptoms and got period at age 10, irregular periods, itching and pain during urination

B-46: has red-yellow urine + odor in discharge, yellow discharge and thick

B-52 husband exhibiting symptoms and reports uti diagnosis but no other symptom reported

B 58... Reported that diagnosed with trichomoniasis ("sharam gaah ki soozash") however as assessed by questionnaire, body pain, flu like symptoms and irregular periods were reported)

B-65: Has blisters on mouth, reports itching during intercourse and burning

B-73: Has thick yellow discharge with odor and itching, husband also has symptoms but doesn't mention which ones

B-81: Has thick white discharge, causes itching and irregular periods. Has rashes

B-97: polygamy and husband settled abroad... And urine color is RED

B-111: Reported Hepatitis C, gets medication for it – is 60 and widow

B 122... Pain during intercourse + husband's symptoms include pain around genitals + blisters on skin

B-126: thick white discharge with itching, excessive discharge all the time, reported puss on private parts previously

B-153 discharge, odour, itching on multiple occasions

B 159... Husband pain around genitals and wife burning/itching after intercourse + blisters on lips

B 160... Reported UTI diagnosis (however as assessed by questionnaire, burning during urination, body aches and irregular periods)

B-176 yellow discharge, itching multiple times, pain in genitals

B-177: polygamy present with husband travelling abroad frequently, has had surgeries, has blisters on genital, blood transfusion history

B-181 polygamy present, had surgeries and frequent syringe use, pain during intercourse, and urination, change in urine color to 'dark yellow', condom use caused infection so they got an operation (contraceptive use is present)

B-182: polygamy present, has thick yellow discharge with odor present, irregular periods, itching during sex and also after excessive discharge

B 198... Discharge color and urine color is brown + burning during urination

B-008 black discharge, irregular periods

B-148 Green discharge, odor, itching after excessive discharge

SECOND FILED VISIT:

After the successful first community visit, the 2nd field visit was arranged at **Bhara kahu**, a rural enclave situated near Islamabad, Pakistan, the **Knowledge to Act (K2A)** team identified a critical need for women-centric awareness regarding **sexually transmitted infections (STIs)**. Recognizing the importance of education, the team proposed a comprehensive session to address the nature, causes, complications, diagnosis, and treatment of common STIs. The goal was to empower women with essential knowledge about their sexual health, enabling them to make informed decisions and take proactive measures to safeguard their well-being.

On the designated day, the K2A team arrived early in the morning to organize the logistics for an impactful seminar. The event was graciously hosted by **Dr. Aneela Javed** and **Dr. Sumara ul Masood**, who warmly welcomed the participants. The seminar began with the distribution of questionnaires to assess the attendees' baseline knowledge and concerns. Volunteers assisted those who needed help completing the forms, while others filled them out independently. Following this, the women were offered **free health checkups**, which included essential parameters such as blood glucose, uric acid levels, hemoglobin, cholesterol, BMI, and blood pressure. Women exhibiting symptoms of STIs were also given the opportunity to provide **vaginal swab samples** on-site for further testing.

The educational session, led by the same esteemed speakers, covered a wide range of topics. Participants were educated about the intricacies of STIs, including their modes of transmission, prevention strategies, and available testing and treatment options. The session addressed bacterial infections such as **chlamydia, gonorrhea, and syphilis**, as well as viral infections like **herpes, HIV, and Hepatitis**. Additionally, the team discussed common female health complications, including **bacterial vaginosis, yeast infections, and urinary tract infections (UTIs)**. The seminar also included a segment on **breast cancer awareness**, emphasizing the importance of early detection. To provide a holistic approach, discussions on **women's empowerment** and **mental health** were incorporated, highlighting the connection between physical and psychological well-being.

The seminar was met with an enthusiastic response, with **250 women** in attendance. A majority actively participated in filling out the questionnaires, creating a robust dataset for analysis. Approximately **30 women** opted to provide vaginal swab samples for immediate testing. Upon returning to the lab, the team meticulously analyzed the questionnaire responses alongside the

symptoms observed in the swab samples. Selected samples were sent for **metanalysis** to identify the specific organisms responsible for the infections. This comprehensive approach not only facilitated immediate intervention for those in need but also provided valuable insights for future community health initiatives.

The success of the seminar in Bhara kahu underscored the importance of tailored, community-specific healthcare interventions in fostering awareness, prevention, and empowerment. The event was made possible through the collaborative efforts of the K2A team, including **Verda, Taiba, Fatima, Ayesha, Manal, Hania, Saliha, Qareen, Hijab, and Fatima**, who played pivotal roles in ensuring the smooth execution of the program. Their dedication and commitment to women's health and empowerment were evident throughout the event, leaving a lasting impact on the community.



Figure: 2nd Community Visit at Bhara Kahu, Islamabad.

Annex

Consent Form Urdu



NUST
NATIONAL UNIVERSITY
OF SCIENCES & TECHNOLOGY

swissuniversities

فارم رضامندی

شرکت میں جائزے تحقیقی والے جانے کیے ذریعے کے ٹکنالوجی اینڈ سائنس آف یونیورسٹی نیشنل پروگرام تحقیقی اس ہے جاتا کیا مدعو آپ کو لیے کے والے ہونے منتقل پر طور جنسی کو خواتین والی رہنے میں علاقوں دیہاتی کے ملک ہم ذریعے کے ہونے ظاہر علامات، آگاہی میں بارے کے انفیکشن طرز عمل جو لیے کے پانے قابو پر پھیلاؤ میں اور گھر چاہیے ہونی عملی حکمت کیا میں صورت کی کرنا رہنمائی کی ان متعلق کے اس، چاہیے کرنا اختیار

کے بیماریوں والی ہونے منتقل پر طور جنسی مقصد کا جائزے اس ہیں چاہتے طرز اور رویوں، علم کے خواتین بعد کے دینے آگاہی میں بارے

چند سے آپ بعد اسکے اور پہلے سے مہم آگاہی لیے کے اس - بے لگانا اندازہ کا بدلاؤ میں عمل معلومات گئی دی کی آپ گے جائیں کیے سوالات آپ گے کیا استعمال لیے کے مقصد تحقیقی صرف اور گے جائے رکھا پوشیدہ سے دوسروں کو پاس کے آپ اگر ہیں سکتے کر انتخاب کا دستبرداری بھی کسی آپ اور ہے رضاکارانہ شرکت کی پر مرحلے - پوچھیں جھجھک بلا سے ٹیم تحقیقی کرم براہ تو، ہے سوال کوئی

اس میں ہے گیا دیا موقع کا کرنے سوالات مجھے اور ہے لیا پڑھ کو فارم رضامندی اس نے میں ہوں دیتی رضامندی اپنی لیے کے لینے حصہ میں جائزے تحقیقی

دستخط کے کنندہ شرکت

تاریخ

(اختیاری) نام کا والے لینے انٹرویو

(نمبر فون کا دینے والے معلومات

(اختیاری) نام کا دینے والے معلومات

(اختیاری)

1. عمر		2. پیشہ	
3. گھریلو آمدن دار میں حصہ		4. کی حاصل تعلیم کتنی نے آپ کی ہے؟	
5. حیثیت ازدواجی		6.؟ ہیں بچے کتنے کے آپ	
7. عمر کی شوہر	8. تعلیم کی شوہر		
9. پیشہ کا شوہر	10. ملک بیرون کے شوہر آپ کیا ہیں رہتے؟	ہاں <input type="checkbox"/> نہیں <input type="checkbox"/>	
11. سفر ملک بیرون اکثر کے شوہر آپ کیا ہیں کرتے؟		ہاں <input type="checkbox"/> نہیں <input type="checkbox"/>	
12. شادیاں زائد سے ایک کی شوہر کے آپ کیا ہیں ہوئی		ہاں <input type="checkbox"/> نہیں <input type="checkbox"/> تو ہاں اگر کتنی	
13. کا منشیات شوہر کے آپ کیا، مطابق کے معلومات کی آپ ہیں کرتے استعمال		ہاں <input type="checkbox"/> نہیں <input type="checkbox"/> نہیں معلوم	
14. کا گھر نظام		15. افراد کتنے میں گھر کے آپ بشمول ہیں رہتے؟	
		مشترکہ <input type="checkbox"/> انفرادی <input type="checkbox"/>	

1. ہے موبائل سا کون پاس کے آپ

5. والا بٹن والا ٹچ نہیں ہے

1. ہیں کرتے استعمال آپ جو کریں انتخاب کا سب ان؟ ہیں کرتے استعمال فارم پلیٹ میڈیا سوشل کون سا آپ

6

سنی	ٹ	انسٹاگرا	ٹوی	فی	ہوٹیو	واٹ
پ	ک	م	ٹر	س	ب	س
چیٹ	ٹ			ب		ایپ
	اک			ک		

1. لیتی سے انٹرنیٹ معلومات متعلق سے صحت آپ کیا ہیں تی کر یقین پر اس اور ہیں

ہاں نہیں

7

18. /سرجری کوئی میں ماضی کا آپ کیا

ہاں نہیں

ہو ابے آپریشن

19. ہے لگوایا خون کبھی نے آپ کیا

سے کہاں ___ کب تو، ہاں اگر

ہاں نہیں

20. ہوتی ضرورت کی انجکشن بار بار کو آپ میں جس ہے لاحق مرض ایسا کوئی کو آپ کیا

ہاں نہیں

ذیابیطس، پر طور کے مثال؟ ہے

21. سے سہولیات طبی میں علاقے آپ کیا

ہاں نہیں

ہیں مطمئن؟

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تشخیص کی علامات: 2 سیکشن

1. عمر کس ماہواری بار پہلی _____
ٹی ہو میں
2. ہو بند مکمل سلسلہ کا ماہواری کی آپ کیا
ہے چکا؟ ہاں نہیں
3. ہیں کتنے دن کل کے ماہواری کی آپ _____
دن کتنے درمیان کے دوسری سے ماہواری ایک
ہے ہوتا وقفہ کا ہاں نہیں
5. ہے آتا خون علاوہ کے ماہواری سے دانی بچہ کے آپ کیا
آتا کب تو خون: ہاں اگر ہاں نہیں
6. ہے ہونے بند مکمل سلسلہ کا ماہواری _____ سے بعد شوہر کے
بعد کے ہاں نہیں
کے ماہواری درمیان ملاپ
6. ہے ہوتا اخراج اور کوئی سے دانی بچہ کی آپ کیا، علاوہ کے خون ہاں نہیں

1. ہے بوتنا اخراج کا قسم کس: ہاں اگر

گاڑھا پتلا

ب. ہوتی رنگت کیا ہے؟

سرمئی سی بہو سبز پیلا سفید
را اہ

ج. بدبو ساتھ کے مادے والے ہونے خارج کیا ہے آتی

ہاں نہیں

7. ہے ہوتی محسوس جلن یا خارش گرد ارد کے شرمگاہ اپنی کو آپ کیا

ہاں نہیں

کب: ہاں اگر

بلکے اخراج زیادہ سے دانی بچہ سے بعد شوہر کے ملاپ دوران کے پیشاب

ب. ہے جاتی بگڑ کو رات کیفیت یہ کیا

ہاں نہیں

8. ہے سامنا کا درد میں جسم کو آپ کیا

ہاں نہیں

ا. کا چیزوں تمام ان، ہیں کرتی محسوس درد کہاں آپ کہ کریں واضح کرم براہ: ہاں اگر ہیں ہوتی لاگو جو کریں انتخاب

درد میں پیٹ کا جوڑوں ازیں علاوہ
درد پیشاب یا دانی بچہ
شو ک
ہر ے
س دو
ے را
ملا ن
پ در
د

9. کسی سے میں علامات بالا مندرجہ نے شوہر کے آپ کیا ہے کیا سامنا کا

ہاں نہیں نہیں معلوم

ہاں اگر ساکون

گرد کے گاہ شرم گاہ شرم یازخم کے پیشاب
خارش یا جلن ارد کے چھالے میں رنگ
درد گرد درد گرد تبدیلی

10. نشانات سفید یا چھالے چھوٹے یا زخم سرخ کوئی پر جلد کی آپ کیا ہیں؟

ہاں نہیں

ا. جو کریں چیک کو سب ان کہاں کہ کریں واضح کرم براہ :ہاں اگر ہیں ہوتے لاگو

شرمگاہ زخم پر پر منہ/ہونٹوں زخم پر ہاتھ زخم

11. ہے سامنا کا علامات جیسی زکام کو آپ کیا

ہاں نہیں

ا. لاگو پر آپ جو کریں چیک کو چیزوں تمام ان کرم براہ :ہاں اگر ہیں ہوتے

میں گلے بخار میں مدافعت قوت ہونا خراب دل
خراش کمزوری / کمی
تھکاوٹ نہ بھوک الٹی آنا قے / آنا لگنا

12. تبدیلی کوئی میں رنگ کے پیشاب اپنے کو آپ کیا ہے ہوتی محسوس

ہاں نہیں

ا. وضاحت کی رنگ کرم براہ۔

ہاں اگر کریں سفید یا ہلکا سرم سی براؤ سرخ س پیلا
نئی ن ہز ہا

13. کروایا علاج کا علامات بالا مندرجہ نے شوہر کے آپ یا آپ کیا (ہیں کوئی اگر)

ہاں نہیں

14. سے کس لیے کے علاج نے آپ کیا رجوع؟

ڈا ح گ علاوہ
کٹ کیم ہر ازیں
ر کا کو نی فرد

15. تھا گیا مکمل علاج کیا

ہاں نہیں

ا. تھی کیا وجہ تو نہیں اگر

م
س
ا
م
س
ن

□ مسئلہ معمولی ایک اسے سمجھا □
□ کے حکیم یا ڈاکٹر نہیں منفق سے علاج □

□ مختصر کا دورانیہ مسئلہ □
□ سرگرمیوں کی روزمرہ مسئلہ ہوتا نہیں انداز اثر پر □
□ ہونا نہ رسائی تک وسائل □
□ ازیں علاوہ □

3: سیکشن نظام کا کار طریقہ/ طریقہ کا عمل

1. ہیں کرتے استعمال اشیاء کی صحت حفظان کی قسم کس آپ دوران کے ماہواری

□ والا دینے پھینک بعد کے استعمال □ کپڑا استعمال قابل دوبارہ □ پیڈ □ علاوہ □
□ کپڑا □ ازیں

2. میں کرنے بات سے کسی وقت کرتے سامنا کا مسائل جنسی یا ماہواری آپ کیا ہیں ہوتے وہ آرام

□ ہاں □ نہیں

3. ہیں کرتے رجوع سے کس آپ

□ والدہ □ یا دوست □ ساس □ / بہن □ انٹرنیٹ □
□ پڑوسی □ کزن □ یا سوشل میڈیا □
□ میں کلینک □ ورکر ہیلتھ لیڈی □ حکیم □ دائی □ علاوہ □
□ ڈاکٹر □ ازیں

4. خواتین ہے کیا استعمال ٹوٹکا کوئی پر گھر لئے کے کرنے دور کو کبھی نے آپ کیا مسائل کے

□ ہاں □ نہیں

اگر

ہاں ،
تو
کیا

5. ہیں کرتے استعمال کا اشیاء والی روکنے کو حمل آپ کیا

ہاں <input type="checkbox"/>	نہیں <input type="checkbox"/>
<p>مذہبی <input type="checkbox"/></p> <p>اسباب <input type="checkbox"/></p> <p>دستیاب پر دکان <input type="checkbox"/></p> <p>نہیں <input type="checkbox"/></p>	<p>نہیں اگر، وجہ تو مہنگا <input type="checkbox"/></p> <p>نہیں پسند کو شوہر <input type="checkbox"/></p> <p>بے <input type="checkbox"/></p> <p>ازیں علاوہ <input type="checkbox"/></p>

6. اگر آپ کا شوہر یا آپ کا کوئی جاننے والا جنسی طور پر منتقل ہونے والے انفیکشن کی علامات ظاہر کرتا ہے تو آپ کیا مشورہ دیں گے؟

گے جائیں لے کلینک یا ڈاکٹر انہیں
 گے کریں طلب مدد ذریعے کے حکیم
 ہو بیماری یہ کو کسی سے میں والے جاننے ہمارے
 سکتی نہیں ہی
 ہو دور بخود خود مسائل
 زاتی ہیں جاتے
 انٹرنیٹ لئے کے علاج گھریلو
 گے دیکھیں پر

7. خون لگواتے وقت، میں اس بات کو یقینی بناتی ہوں کہ خون صاف ہو

کبھی
 کبھی
 کبھی
 ہمیشہ
 نہیں

8. دانتوں کا علاج کرتے وقت، میں اس بات کو یقینی بناتی ہوں کہ اس ڈاکٹر کے پاس جاؤں جو جراثیم سے پاک آلات کا استعمال کرتا ہے

کبھی
 کبھی
 کبھی
 ہمیشہ
 نہیں

9. کیا آپ مدرجہ ذیل میں کسی بھی چیز کو دوسروں کے ساتھ شراکت میں استعمال کرتے ہیں

/ انجکشن
 کاتنے ناخن
 آلہ کا
 / کنگھی
 / بلیڈ
 / برتن
 سوئیاں
 کا بالوں
 برش

علم میں بارے کے انفیکشن والی ہونے منتقل پر طور جنسی: 4 سیکشن

1 بارے کے انفیکشن والی ہونے منتقل پر طور جنسی نے آپ کیا ہے سنا میں

ہاں
 نہیں

2 کو سبھی ہوئی حاصل سے کہاں معلومات میں بارے کے انفیکشن والی ہونے منتقل پر طور جنسی کو آپ تو ہاں اگر ہیں ہوتے لاگو جو کریں منتخب

سکول یا یونیورسٹی آگاہی مہم ڈاکٹر یا لیڈی ہیلتھ ورکر خاندان یا دوست انٹرنیٹ سوشل میڈیا

3 سے انفیکشن والے ہونے منتقل پر طور جنسی پر انٹرنیٹ کہ ہے لگتا کو آپ کیا ہے میسر معلومات متعلق؟

ہاں نہیں

4 منتخب کو سبھی - ہیں انفیکشن والے ہونے منتقل پر طور جنسی سے کون سے میں ذیل مندرجہ سے خیال کے آپ ہیں سمجھتے درست آپ جنہیں کریں

گونوریا/ سوزاک کلیمائڈیا نا ہو خراب پیٹ/ پیچس وی آئی ایچ/ ایڈز خسرہ پولیو بخار ہرپستاسلی جینیٹل/ سوزش کی شرمگاہ خارش بی ہیپاٹائٹس آتشک معلوم - نہیں

5 جنسی طور پر منتقل ہونے والے انفیکشن کی علامات کیا ہیں؟ سبھی کو منتخب کریں جنہیں آپ درست سمجھتے ہیں۔

کسی بھی قسم کا اخراج پیشاب کے دوران درد شرمگاہ کے گرد خارش بخار قے جسم میں پانی / سیال کی کمی بھوک میں کمی جسم میں درد سردرد قوت مدافعت میں کمی معلوم نہیں

6 کے انفیکشن والے ہونے منتقل پر طور جنسی کیا ہیں اثرات کوئی؟

ہاں نہیں معلوم نہیں

1 ہیں درست میں خیال کے آپ جو کریں منتخب کو سب ان؟ کیا تو، ہاں اگر

نمونیا حمل میں پیچیدگی مردوں میں بانجھ پن خواتین میں بانجھ پن موت

7 کیا جنسی طور پر منتقل ہونے والا انفیکشن ایک شخص سے دوسرے میں منتقل ہو سکتا ہے؟

ہاں نہیں معلوم نہیں

1 کے آپ جو کریں منتخب سب وہ؟ ہیں سکتے پھیل یہ ذریعے کے جن ہیں طریقے سے کون وہ تو، ہاں اگر ہیں درست میں خیال

- عوامی بیت الخلا کا استعمال □ آلودہ سرنج یا انجکشن □ مچھر کا کاٹنا □
 □ ہلیڈ یا استرا بانٹنا □ متاثرہ شخص کے ساتھ کپڑے □ شوہر سے ملاپ کے بعد □
 □ کھانا یا مشروبات کا اشتراک کرنا □ جینیاتی وراثت یا ماں سے بچے □ دودھ پلانا □
 □ خون کی منتقلی □ چومنا □ گند اپانی پینے سے □

8 کیا آپ کو لگتا ہے کہ جنسی طور پر منتقل ہونے والے انفیکشن کی منتقلی کو روکا جاسکتا ہے؟

□ ہاں □ نہیں □ نہیں معلوم

9 کیا جنسی طور پر منتقل ہونے والے انفیکشن کا پتہ لگانے کے لیے تشخیصی ٹیسٹ دستیاب ہیں؟

□ ہاں □ نہیں □ نہیں معلوم

10 اگر ہاں، تو جنسی طور پر منتقل ہونے والے انفیکشن کا پتہ لگانے کے لیے کون سے ٹیسٹ دستیاب ہیں؟ ان تمام چیزوں کو منتخب کریں جنہیں آپ درست سمجھتے ہیں

- پیشاب یا پاخانہ کے ٹیسٹ □ ایکس رے یا سی ٹی اسکین □
 □ خون کے ٹیسٹ □ اعضاء تناسل کا نمونہ □

10 کسی کو جنسی طور پر منتقل ہونے والی انفیکشن کا ٹیسٹ کب کروانا چاہیے؟

- علامات کا سامنا کرنے کے فوراً □ علامات کے 3-4 ہفتوں کے □ دو-تین ماہ کے بعد اگر علامات بعد
 □ چھ ماہ کے بعد اگر علامات □ کبھی نہیں، یہ خود ہی چلا جاتا ہے □ جاری رہیں □

میں بارے کے انفیکشن والی ہونے منتقل پر طور جنسی: 5 سیکشن رویے

معلوم نہیں	ہاں	نہیں	
			1. جنسی طور پر منتقل ہونے والے انفیکشن خطرناک نہیں ہوتے اور ان کا علاج ممکن ہے۔
			2. لوگوں کو جنسی طور پر منتقل ہونے والے انفیکشن کا علاج ڈاکٹر، لیڈی ہیلتھ ورکر یا حکیم سے کروانا چاہیے۔
			3. اگر مجھے خود میں جنسی طور پر منتقل ہونے والے انفیکشن کے علامات نظر آئیں تو میں اپنا ٹیسٹ یا علاج کروانے فوراً جاؤں گی
			4. جن لوگوں کو جنسی بیماریاں ہیں، میں ان سے بات کرنے میں آرا مدہ محسوس کرتی ہوں

			5. میں چاہتی ہوں کہ میرے دوست اور شوہر/خاندان کے فرد بھی جنسی طور پر منتقل ہونے والے انفیکشن کا ٹیسٹ یا علاج کروائیں
			6. مردوں کو جنسی طور پر منتقل ہونے والے انفیکشن ہونے کے زیادہ امکانات ہیں
			7. میں اچھے حفظان صحت کے عمل کو اپنا کر جنسی طور پر منتقل ہونے والے انفیکشن کے پھیلاؤ کو روک سکتی ہوں بغیر کسی ٹیسٹ یا ڈاکٹر/حکیم کے مشورے کے۔
			8. میرے شوہر/خاندان کے فرد میرے جنسی طور پر منتقل ہونے والے انفیکشن کے علاج میں میرا ساتھ دینگے
			9. مجھے مرد ڈاکٹر سے اپنے ہر مسئلے کا حل نہیں ملتا کیونکہ میں بات کرتے ہوئے ہچکچاتی ہوں
			10. میں اپنی قریبی خواتین رشتے داروں اور سہیلیوں سے ان مسائل پر بات نہیں کر پاتی۔
			11. میں اپنی صحت کے متعلق فیصلے خود لے سکتی ہوں
			12. ان بیماریوں کے متعلق کم معلومات کے باعث خواتین بروقت ٹیسٹ اور علاج نہیں کر پاتی اسی لیے آگاہی مہم کے ذریعے ان کے متعلق آگاہ کرنا چاہیے۔
			13. عام طور پر میں اپنی علامات کے بارے میں معلومات حاصل کرتی ہوں۔

6 سیکشن

سامنے کے ان ہونے ہوئے ثابت صحیح پر آپ دوران کے ہفتے ایک گزشتہ جو سے میں بیانات ذیل مندرجہ نوٹ لگائیں لگان نشان پر ایک کسی

بیانات	کبھی نہیں	کبھی کبھار	ی	وقت ترادہ	ہر وقت
1. مجھے پرسکون مشکل ہونا لگا					
2. مجھے ہوا احساس منہ میرا کہ ہے خشک					

				پائی محسوس کر نہیں میں جذبات قسم کسی مثبت کے	3.
				مجھے لینے سانس دشواری میں ہوتی مثلاً) تھی کسی بغیر جسمانی کے مشقت سانسیں تیز (لینا	4.
				مجھے- بھی کسی آغاز کا کام مشکل کرنا لگتا	5.
				نے میں اوقات بعض رد عمل شدید کیا اظہار کا	6.
				مجھے) کیکپاٹ محسوس تھی ہوتی باتھوں مثلاً) میں	7.
				لگتا مجھے- بہت میں تھا ذہنی زیادہ توانائی استعمال ہوں کرتی	8.

				<p>ان میں سے حالات تھی گھبراتی میں جن میری بے چینی اور بڑھنے کو آپ اپنے بیوقوف کابنائے ہو خدشہ</p>	9.
				<p>نے اپنا میں مستقبل تاریک کیا محسوس</p>	10.
				<p>نے میں میں آپ اپنے چڑچڑاؤ کیا محسوس -</p>	11.
				<p>نے میں طور زہنی بے پر سکونی محسوس کی</p>	12.
				<p>مجھے اداسی محسوس ہوئی</p>	13.
				<p>لئے میرے اور چیز اس کو شخص برداشت مشکل کرنا نے جس ہوا کام میرے رکاوٹ میں کی پیدا</p>	14.

				مجھے ہوا محسوس جیسے کہ دورہ مجھے لگا پڑھنے ہے	15
				کسی میں میں چیز بھی دلچسپی سے رکھنے تھی قاصر	16.
				مجھے ہوا محسوس کسی میں کہ نہیں قابل ہوں	17.
				اپنا مجھے بہت آپ حساس ہوا محسوس	18.
				کسی بغیر جسمانی کے مشقت دل اپنے میں عمل کے واقف سے ہوں رہتی کے جیسے کی دل میں ڈھرن اضافہ	19.
				بغیر نے میں معقول کسی کے وجہ خوف کیا محسوس	20.
				یہ مجھے ہوا احساس زندگی کہ	21.

				معنی ہے	ہے
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معلومات کی ایس او سی پی

1. **ہیں ہوتے بال زیادہ بہت پر کسی سے میں حصوں ذیل مندرجہ کے جسم کے آپ کیا**

- پیٹھ
 چھاتی
 چہرہ
 پیٹ
 ازیں علاوہ

2. **وزن اچانک میں مہینوں کچھ پچھلے کا آپ کیا ہے بڑھا؟**

- ہاں
 نہیں

3. **وزن اچانک میں مہینوں کچھ پچھلے کا آپ کیا ہے ہوا کم؟**

- ہاں
 نہیں

4. **ہیں مہاسے/پردانے بدن یا چہرے کے آپ کیا**

- ہاں
 نہیں

5. **ہے چیکنی/ آئلی جلد کی آپ کیا**

- ہاں
 نہیں

6. **کھردری یا خشک حصہ کوئی کا جلد کی آپ کیا ہے؟**

- ہاں
 نہیں

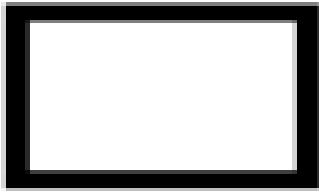
7. **گنچے پن یا گرنے بال میں مہینوں کچھ پچھلے آپ کیا ہیں ہوئے شکار کا**

- ہاں
 نہیں

8. **ہے ہوتی پریشانی/مشکل میں ہونے حاملہ کو آپ کیا**

- ہاں
 نہیں

English Questionnaire Form:



NUST
NATIONAL UNIVERSITY
OF SCIENCES & TECHNOLOGY

swissuniversities

Informed Consent Form

You are invited to participate in the research study conducted by the National University of Science and Technology (NUST). The research study aims to increase awareness among women regarding sexually transmitted infections (STIs) and effective strategies for the control of their spread, and management of symptoms at home. The goal is to obtain information regarding your knowledge, attitude and practice regarding sexually transmitted diseases.

This information will be kept confidential and will be used for the research purpose only.

Your participation is voluntary and you may choose to withdraw at any stage. If you have any query, please feel free to ask the research team.

I have read this consent and have been given the opportunity to ask questions. I give my consent to participate in this study.

Participant's signature

Date

Informant's name (optional): _____ Interviewer's name (optional): _____
Informant's phone number (optional): _____

Section 1: Demographics

1. **Age:** _____
2. **Occupation:** _____
3. **Contribution in family income** _____
4. **Level of education:** _____
5. **Marital Status:** _____
6. **Number of children:** _____
7. **Husband's age** _____
8. **Husband's education:** _____
9. **Husband's occupation:** _____
10. **Does your husband live abroad?**
 Yes No
11. **Is your husband a frequent traveler?**
 Yes No
12. **Has your husband married more than once?** If yes, how many _____
 Yes No
13. **To your knowledge, does your husband partake in drug use?** Yes No Don't know
If yes, which one: _____
 Nuclear Joint
14. **Family system**
15. **Total number of people in home including you:** _____
16. **Which social media platform do you use?**
 WhatsApp YouTube Instagram Facebook Snapchat
 Twitter TikTok
17. **Do you take information regarding health from internet and believe it to be true?**
 Yes No
18. **Have you had any surgeries in the past?** Yes No
19. **Blood transfusion history** Yes No
20. **Do you have any medical condition that requires frequent injections (e.g diabetes)?**
 Yes No
21. **Are you satisfied with medical facilities in your area?** Yes No
❖ If not, reason:
 Expensive Harassment issues Far away
 Quality of treatment is not good Other _____

Section 2: Assessment of Symptoms

1. **Age of reaching puberty** _____
2. **Are you currently experiencing menopause?**
 Yes No
3. **How many days do the periods last?** _____
4. **Length of menstrual cycle** _____
5. **Do you face vaginal bleeding other than periods**

Yes No

i. If yes, when:

After menopause After intercourse Between Periods

6. **Other than periods, do you have any other vaginal discharges?**

Yes No

If yes:

i. **What type of discharge is it?**

Thick Thin

ii. **What is the color of**

discharge

White Yellow Green Grey

Brown Black Other _____

iii. **Is there an odor with the discharge?**

Yes No

7. **Do you experience itching around your genitals?**

Yes No

i. **When**

After heavy discharge After intercourse During urination

ii. **Does the itching worsen at night?**

Yes No

8. **Do you experience any body pain?**

Yes No

i. If yes **where:**

Abdominal pain Joint pain Pain in vagina or during urination Pain during intercourse Others _____

9. **Has your husband experienced any of the above symptoms?**

Yes No Don't know

i. If yes: Please specify which one:

Burning or itching around genitals Sores or blisters
 Pain in body or around genitals Changes in urine color

10. **Do you have red spots or small blisters on your skin?**

Yes No

i. If yes

where: On genitals On lips/mouth On hands

11. **Do you experience flu-like symptoms?**

Yes No

If yes which ones, select all that apply:

Sore throat Fatigue Fever Loss of appetite
 Decreased immunity Nausea Vomiting

12. **Have you experienced any changes in the color of your urine?**

Yes No

i. If yes, What is the color of urine?

White Light Yellow Dark yellow Brown

- Green Red Black
- 13. **Did you or your husband receive treatment for the above symptoms? (if any)** Yes No
- 14. **Who did you consider for treatment** Doctor Hakeem Family member Other
- 15. **Was the treatment completed as per advice?** Yes No
- i. If **not**: What was the **reason** for not opting for treatment?
 - Considered it a minor problem Short duration of problem
 - Financial problem The problem did not influence daily activities
 - Inaccessibility to resources Others

Section 3: Practices

1. **What kind of sanitary item do you use during menstruation?**
 - Disposable cloth Reusable cloth Pads
 - Menstrual underwear Menstrual cup Other: _____
2. **Do you feel comfortable talking to someone when facing reproductive health related concerns?**
 - Yes No
3. **Who do you go consider talking to**
 - Mother Friend or neighbor Mother-in-law Sister/cousin Internet or social media
 - Doctor Lady health worker Hakeem Midwife Other: _____
4. **Have you ever used any at-home remedies for addressing reproductive health related concerns**
 - Yes No
 - If yes which ones _____
5. **Do you use of contraceptives during intercourse:**
 - Yes No
 - If yes, which ones _____
 - If no reason,
 - Expensive Not available at shop
 - Husband doesn't like Religious reasons
 - Other: _____
6. **If someone presents the symptoms of STIs, what would you suggest them**
 - Refer them to doctor Consult hakeem Search on internet
 - Private problems go on their own Deny that STIs can not occur to someone you know
7. **When receiving a blood transfusion, I make sure that the blood is screened.**
 - Always Sometimes Never

8. **When receiving dental treatment, I prefer going to the dentist I know use sterilize instruments.**

- Always Sometimes Never

9. **Do you share any of the following with anyone else:**

- Injection/needle Blades/razors/epilator Nail cutters
 Utensils Hair Brush/ Combs

Section 4: Knowledge

1. **Have you heard of sexually transmitted illnesses (STI)'s?**

- Yes No

2. **If yes, where did you get information about STI. Select all that apply:**

- School or university Lady health worker / doctor Awareness campaign
 Family or friend Social Media Internet

3. **Do you think that the internet contains information regarding sexually transmitted infections?**

- Yes No
s o

4. **In your opinion, which of the following are sexually transmitted infections? Select all of the options you believe to be correct.**

- Chlamydia Syphilis Gonorrhoea
 Measles Trichomoniasis AIDS/HIV
 Genital Herpes Polio Fever
 Hepatitis B Diarrhea Don't know

5. **What are the signs and symptoms of a sexually transmitted infection? Select all of the options you believe to be correct.**

- Painful urination Discharge of any kind Loss of body fluid
 Vomiting Decreased immunity Pain or itching around genitals
 Body pain Loss of appetite Don't know
 Fever Migraine / headache

6. **Are there any consequences to having a sexually transmitted infection (STI)?**

- Yes No Don't know

i. **If yes, what are the consequences? Select all that you believe are correct.**

- Infertility in women Pneumonia Complications during pregnancy
 Infertility in men Death

7. **Can a sexually transmitted infection be passed from one person to another?**

- Yes No Don't know

i. **If yes, what are the ways through which it can be contacted? Select all that you think are correct.**

- Sexual intercourse Kissing Blood transfusion
 Contaminated syringe or injection needle Genetically Sharing of clothes with infected person
 Sharing blades or razors Breastfeeding Drinking contaminated water
 Sharing food or drinks Mosquito bites Using public washrooms

- 8. Do you think the transmission of Sexually transmitted infections can be prevented?**
- Yes
 - No
 - Don't know
- 9. Are there diagnostic tests available to detect Sexually transmitted Infections?**
- Yes
 - No
 - Don't know
- i. **If yes**, what are the tests available for STI detection? Select all that apply
- Urine or stool tests
 - Blood test
 - X rays or CT scan
 - Vaginal swab
- 10. When should someone consider testing themselves for an STI?**
- Immediately after experiencing symptoms
 - After 2-3 months if symptoms continue
 - Never, it goes away on its own
 - After 3-4 weeks of symptom
 - After 6 months if symptoms continue

Section 5: Attitude

	Yes	No	Don't Know
1. STIs are not dangerous and can be cured			
2. People should get treatment from a doctor, lady health worker or hakeem for STI			
3. I would instantly go for testing and treatment if I experience symptoms of an STI			
4. I feel comfortable talking to someone with an STI diagnosis			
5. I want my friends and family members to get tested for an STI			
6. Men have a higher chance for getting STI			
7. Practicing good hygiene is enough to prevent the spread of STI, no testing or consultation with doctor/hakim is needed			
8. My family would support me seeking treatment for an STI			
9. I do not get solution of my problem from male doctors because I am hesitant to talk about my health issues with them			
10. I do not feel comfortable discussing these issues even with my close female relatives or friends			
11. I can take decisions regarding my health (retain item 12)			
12. Lack of education regarding these diseases prevents women from timely testing and treatment, people should gain knowledge through awareness campaigns			
13. I actively seek out information about any illnesses I may have			

Section 6

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

		0	1	2	3
1.	I found it hard to wind down				
2.	I was aware of dryness of my mouth				
3.	I couldn't seem to experience any positive feeling at all				
4.	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)				
5.	I found it difficult to work up the initiative to do things				
6.	I tended to over-react to situations				
7.	I experienced trembling (e.g. in the hands)				
8.	I felt that I was using a lot of nervous energy				
9.	I was worried about situations in which I might panic and make a fool of myself				
10.	I felt that I had nothing to look forward to				
11.	I found myself getting agitated				
12.	I found it difficult to relax				
13.	I felt down-hearted and blue				
14.	I was intolerant of anything that kept me from getting on with what I was doing				
15.	I felt I was close to panic				
16.	I was unable to become enthusiastic about anything				
17.	I felt I wasn't worth much as a person				
18.	I felt that I was rather touchy				
19.	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)				
20.	I felt scared without any good reason				
21.	I felt that life was meaningless				

Annexure: Consolidated Utilization Report.

Office of Treasure

University name: National University of Sciences and Technology (NUST) Islamabad

Date: _____

It is certified that below given details and correct as per Finance/Treasure office record.

Consolidated Utilization Report

Name of PI: Dr.Aneela Javed

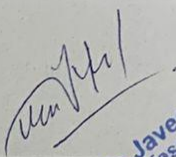
Project title: My Health My Decision Step Ahead towards Women's Empowerment in Pakistan

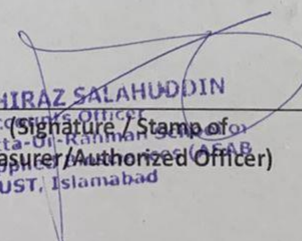
Funded By: K2A grant by HETS-FR

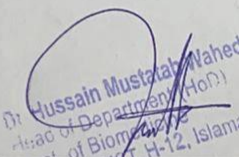
Total CHF received=4000 conversion rate: 341.26 total PKR=1365055

Account number: 22927000590901 Bank & Branch: HBL NUST H-12, Islamabad

Sr.#	Items	Total Approved Funds	Funds received	Total Expenses	Balance (If any)	Remarks
i.	Personnel Cost	474612.00	474612.00	474612.00	0.000000	
ii.	Travel Cost	201238.00	201238.00	201238.00	0.000000	
iii.	Equipment Cost	358157.00	358157.00	296069.00	62088.00	
iv.	Medical Cost	4808.0000	4808.0000	4808.0000	0.000000	
v.	Others	326240.00	326240.00	324270.00	1970.000	
vi.	Total Rs.	1365055.00	1365055.00	1300997.00	64058.00	

Signature / Stamp of PI

Dr. Aneela Javed
 Associate Professor
 Dept. of Biomechanics
 SAB - NUST, H-12, Islamabad

Signature / Stamp of

SHIRAZ SALAHUDDIN
 Accounts Officer
 Atta-Ul-Rahman
 Treasurer/Authorized Officer
 NUST, Islamabad

Signature / Stamp of

Dr. Hussain Mustatab Wahedi
 Asst. of Department (HoD)
 Dept. of Biomechanics
 SAB - NUST, H-12, Islamabad
 (Head of Department/ASAB)