

Library

Date 10-7-96
(October 7)

Attachment 1.
(FACE SHEET)

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Principal Investigator HEDI BART JOHNSON Trainee Investigator (if any) N/A

Application No. 96-019 Supporting Agency (if Non-ICDDR,B) ICDDR,B and JOHN HOPKINS UNIVERSITY POPULATION CENTER

Title of Study INDUCED ABORTION IN THE DEVELOPING WORLD: TESTING AN INDIRECT MEASUREMENT TECHNIQUE Project status:
() New Study
() Continuation with change
() No change (do not fill out rest of form)

Circle the appropriate answer to each of the following (If Not Applicable write NA).

1. Source of Population:
 - (a) Ill subjects Yes No
 - (b) Non-ill subjects Yes No
 - (c) Minors or persons under guardianship Yes No
 2. Does the study involve:
 - (a) Physical risks to the subjects Yes No
 - (b) Social Risks Yes No
 - (c) Psychological risks to subjects Yes No
 - (d) Discomfort to subjects Yes No
 - (e) Invasion of privacy Yes No
 - (f) Disclosure of information damaging to subject or others Yes No
 3. Does the study involve:
 - (a) Use of records, (hospital, medical, death, birth or other) Yes No
 - (b) Use of fetal tissue or abortus Yes No
 - (c) Use of organs or body fluids Yes No
 4. Are subjects clearly informed about:
 - (a) Nature and purposes of study Yes No
 - (b) Procedures to be followed including alternatives used Yes No
 - (c) Physical risks Yes No NA
 - (d) Sensitive questions Yes No
 - (e) Benefits to be derived Yes No
 - (f) Right to refuse to participate or to withdraw from study Yes No
 - (g) Confidential handling of data Yes No
 - (h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure Yes No
 5. Will signed consent form be required:
 - (a) From subjects Yes No
 - (b) From parent or guardian (if subjects are minors) Yes No NA
 6. Will precautions be taken to protect anonymity of subjects Yes No
 7. Check documents being submitted herewith to Committee:
 - Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies).
 - Protocol (Required)
 - Abstract Summary (Required)
 - Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)
 - Informed consent form for subjects
 - Informed consent form for parent or guardian
 - Procedure for maintaining confidentiality
 - Questionnaire or interview schedule *
- * If the final instrument is not completed prior to review, the following information should be included in the abstract summary:
1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
 2. Examples of the type of specific questions to be asked in the sensitive areas.
 3. An indication as to when the questionnaire will be presented to the Cttee. for review.

I agree to obtain approval of the Ethical Review Committee for any changes involving the rights and welfare of subjects before making such change.

Hedi Bart Johnson
Principal Investigator

Trainee

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1996

**CHECK-LIST FOR SUBMISSION OF PROPOSALS
TO THE RESEARCH REVIEW COMMITTEE (RRC)**

[Please tick (✓) the appropriate box]

1. Has the proposal been reviewed, discussed and cleared at the Division level ?

Yes

No

If 'No', please clarify the reasons: IT WAS SUBMITTED TO THE DIVISION

AND APPROVED IN JUNE 1996

2. Has the proposal been peer-reviewed externally ?

Yes

No

If the answer is 'NO', please explain the reasons: THE PROPOSAL HAS BEEN APPROVED

BY THE JOHN HOPKINS UNIVERSITY SCHOOL OF PUBLIC HEALTH DEPARTMENT OF

POPULATION DYNAMICS AND JOHN HOPKINS MEDICAL INSTITUTION'S INTERNAL RESEARCH REVIEW BOARD

3. Has the proposal scope to address gender issues ?

Yes

No

If the answer is 'YES', have these been adequately incorporated in the proposal. Please indicate: _____

4. Has a funding source been identified ?

Yes

No

If the answer is 'YES', please indicate the name of the donor: _____

THE MELLON FOUNDATION WILL FUND THE PROJECT THROUGH THE JOHN HOPKINS UNIVERSITY POPULATION CENTER

5. Whether the proposal is a collaborative one ?

Yes

No

If the answer is 'YES', the type of collaboration, name and address of the institution and name of the collaborating investigator be indicated:

THE JOHNS HOPKINS UNIVERSITY POPULATION CENTER
HAS A COLLABORATIVE AGREEMENT WITH THE POPULATION STUDIES
CENTRE AT ICDD R.13

6. Has the budget been cleared by Finance Division ?

Yes

No

If the answer is 'NO', reasons thereof be indicated: WE ARE SEEKING APPROVAL

7. Does the study involve any procedure employing hazardous materials, or equipments ?

Yes

No

If 'YES', fill the necessary form.

10-3-96
Date

Henli-Bart
Signature of the
Principal Investigator

Principal Investigator: Heidi Bart Johnston

Title of Project: Induced Abortion in the Developing World: Testing an Indirect Measurement Technique

Project Starting Date: November 1, 1996

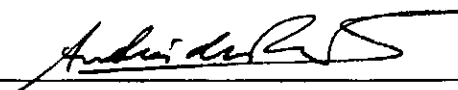
Anticipated Date of Completion: August 31, 1997

Total Budget Requested: US\$ 43,873

Funding Source: Mellon Foundation, through the Johns Hopkins University Population Center

Head of Program: Dr. Radheshyam Bairagi, Population Studies Centre

Date Submitted to Research Review Committee: October 7, 1996



Signature of Community Health Division Acting Director, Date 8 OCT 1996

Aims of Project:

General Aim: The purpose of this research is to test on a micro level the indirect technique of quantifying induced abortion rates proposed by Johnston and Hill.¹ Indirect estimates of rates of induced abortion generated from the model will be compared to direct estimates from Matlab.

Specific Aims: This research will yield a direct estimate of induced abortion to compare to the indirect measure obtained from the indirect measurement technique. A complementary mixture of qualitative and quantitative research techniques will be used to obtain a direct estimate of the prevalence of induced abortion, including menstrual regulation (MR), in the Matlab area.

Significance: Unsafe abortion is a major cause of preventable maternal mortality in developing countries. Induced abortion is one of four principal proximate determinants of fertility, and has substantial fertility-reducing effects. Despite its public health and demographic significance, widely applicable methods of measuring abortion and its fertility-reducing effects have not been available. Direct estimates of induced abortion in developing countries are viewed with skepticism, primarily because the incidence of induced abortion is widely believed to be underreported in fertility surveys and clinic and hospital data. A better technique of estimating rates of induced abortion will help family planning program managers identify the need for modern contraception, safe abortion facilities, and postabortion care. Better estimates of abortion will assist demographers understand the demographic impact of abortion, and the relationship between abortion and the other determinants of fertility and the fertility level.

Ethical Implications*Risks and Benefits to the Study Population*

There are no known risks associated with the ethnographic study. However, even in Matlab, where women's reproductive health is monitored fortnightly, there are possible social risks associated with revealing one's fertility history, as women will be asked to do for the Abortion Frequency Survey. To minimize risks, and to encourage candid responses, these interviews will take place in private, with only the interviewer and the respondent present. If someone approaches during the process of the interview the interviewer will replace the fertility survey with a brief nutrition survey and reschedule the fertility interview.

This study will offer no direct benefits to the study population. Indirect benefits are expected to occur as a result of improved knowledge of the extent of induced abortion.

Consent Procedures

All ethnographic research will be conducted by the principal investigator and a bilingual (English-Bengali) female assistant familiar with reproductive health issues. Data for the ethnographic analysis will be collected from a convenience sample of reproductive age women. All informants will be introduced to or approached independently by the investigators. For the fertility history

¹ Johnston, H. B. and K. H. Hill. "Induced Abortion in the Developing World: Indirect Estimates". *International Family Planning Perspectives*. Forthcoming.

interviews, a systematic random sample of approximately 850 women will be selected from the respondents to the Matlab DHS-like survey. A corps of 12 interviewers familiar with reproductive health issues will perform these interviews.

Prior to all data collection exercises, informants / respondents will be read, and asked to agree to a consent form. No research will take place without informant / respondent agreement.

Confidentiality

A unique identifier will be assigned to each informant included in the ethnography. This number will not be linked to the identification number assigned to residents of Matlab in ICDDR,B's DSS. The investigator will write the study identification number on the data collection sheets for each informant. Informants' names will not appear with any data. The investigator will transcribe interviews on the day they occur, and enter free listing and pile sorting data the day of the free listing and pile sorting. The informants' study identification numbers will be the only identifying information keyed into the database. Raw data will be logged in by the investigator and stored in a locked file cabinet in the investigator's office. The investigator's journal and field notes will be stored in the same locked file. All links between names and informant identifiers will be destroyed once fieldwork is completed and data are coded.

A unique identification number will be assigned to each respondent included in the Abortion Frequency Survey. This number will differ from, but for purposes of accurately identifying members of the sample, will be linked temporarily to the identification code assigned to residents of Matlab in ICDDR,B's DSS. Interviewers will write the study identification number on the survey instrument for respondents; neither respondents' names nor DSS identification codes will appear on the instrument. On the day of the interview, interviewers will turn in completed questionnaires to the investigator. Completed questionnaires will be logged in by the investigator and placed in a locked file cabinet in the investigator's office. The investigator and the assistant will key in questionnaire data; the study identification number will be the only identifying information keyed into the database. Individuals' responses will not be identified. All links between names and respondent identification numbers will be destroyed once fieldwork is completed and data are coded.

Background, Research Plan, and Bibliography

Background:

Fifteen years ago, in a *Population Reports* still widely cited today, Liskin (1980) wrote:

Despite intense interest in and controversy over abortion law and policy, there are no reliable worldwide data or even generally accepted estimates of the number of abortions that take place annually (p. F-108).

That the same can be said today – 40 years after Davis and Blake (1956) identified induced abortion as one of the intermediate determinants of fertility – reveals that quantifying the fertility-reducing effects of induced abortion has been a neglected area of research in the field of demography.

Data quality is an important consideration in studying the effects of abortion. Direct measures of the impact of abortion on fertility can be employed only where abortion is accurately reported. The abortion procedure, whether performed legally by a trained professional using modern technology or illegally using traditional methods, is generally stigmatized, and subject to substantial underreporting (Huntington et al., 1993). Abortion data typically come from one of two sources: clinic or hospital records; or individual surveys. Abortion data from clinic or hospital sources can be reasonably accurate in countries where abortion is legal and accessible (Anderson et al., 1994), but are very likely to be inaccurate where abortion is illegal, severely restricted, or difficult to access (Remez, 1995; Paxman et al., 1993; Singh and Wulf, 1994). Individual surveys underestimate the prevalence of induced abortion even where abortion is legal (Jones and Forrest, 1992; Anderson et al., 1994).

The shortcomings of direct measurement of abortion justify exploring the use of indirect estimation methods to measure abortion. Indirect methods of estimating rates of abortion have been developed, but available techniques are based on data that are not reliable, or not standardized, or the techniques are not theoretically sound. The proposed research will be implemented with the intention of developing and testing a theoretically sound technique of measuring the impact of abortion on fertility that is simple enough to readily estimate relative levels of abortion where fertility surveys are performed.

The proposed indirect technique of estimating the effect of induced abortion on fertility is based on Bongaarts' model of estimating the total fertility rate from the principal proximate determinants of fertility. In Bongaarts' model, the total fertility rate (TFR) is assumed to equal average total potential fertility (TF) reduced multiplicatively by indices representing the effects of marriage (C_M), contraception (C_C), induced abortion, (C_A), and postpartum insusceptibility (C_I). In the following equation, each of the terms representing an index has a value between zero and one, where a low value indicates the index has a substantial influence on fertility and a high value indicates the index has a marginal impact on fertility.

$$TFR = TF * C_M * C_C * C_A * C_I$$

To estimate the index of induced abortion, it is isolated, and calculated as the fertility reduction not accounted for by the other three principal proximate determinants.

$$C_A = TFR / (TF * C_M * C_C * C_I)$$

The application of this method to 42 DHS data sets yields estimates of the effect of induced abortion on fertility that generally fall within expected ranges. Results of preliminary research suggest that the minor proximate determinants of fertility (fecundability, sterility, and intrauterine mortality) do not bias the residual estimate of abortion. However, the influence of the minor proximate determinants must be quantified and, if necessary, controlled for in the model.

Research Plan

This research will take place in Matlab, Bangladesh where the International Centre for Diarrhoeal Disease Control, Bangladesh (ICDDR,B) collects vital statistics in the Demographic Surveillance System (DSS), and maintains fertility and other health-related data in the Record Keeping System (RKS). A survey very similar to a Demographic and Health Survey, which was implemented in the Matlab area (MDHS), also collected abortion data. Once a direct abortion estimate is developed from the results of the proposed survey, original directly and indirectly calculated measures of abortion (from MDHS, DSS, and RKS data) will be compared to the new direct estimate of abortion. A similar rate of abortion estimated by the new direct estimate and the indirect estimate would validate the indirect technique.

Ethnographic research and semi-structured data collection will be necessary to develop a direct abortion estimate. Results of ethnographic research will guide the construction of a culturally appropriate semi-structured data collection instrument for measuring the prevalence of abortion in Matlab, and will yield an understanding of local language used to refer to the proximate determinants of fertility: marriage, contraception, induced abortion, postpartum infecundability, fecundability, intrauterine mortality, and sterility. Currently or previously married women of reproductive age (in this case, women ages 18 - 52) will be included in the ethnographic research. The informants will be selected by convenience, with an effort to insure a range of ages, parities, and socio-economic status.

Unstructured direct observations and interviews will include observing interactions between clients and providers of contraception, MR, and traditional abortion. During observations dialogue will be recorded. Notes will be taken regarding characteristics of clients and providers, the nature of the interactions, location of the interactions, people present, etc.. Locations of observations will be chosen by convenience, as recommended by shopkeepers, clinic managers, and key informants. At least six direct observations will be performed.

Key informants will be asked to identify and explain aspects of the local community, particularly with regard to matters concerning determinants of fertility; to assist with local terminology; to provide introductions to other informants; and to assist with construction of questions for following stages of the analysis. An ethnographic field guide will be used to instruct the first and*

some of the second interview with each key informant. Ensuing interviews will be based on questions developed from previous interviews and from information gained from other methods of investigation. At least three interviews will be held with each key informant. At least 18 key informants will participate in the study.

Free listing and pile sorting will be used to gain an understanding of women's conceptualizations of methods of delaying or preventing future births. Free listing is a structured data collection technique in which individual informants identify a cultural domain by listing all the items they can think of in that domain. Free listing is essential for the development of the event history matrix, as it will provide culturally relevant terms, and offer a deeper understanding of how women in the sample think about determinants of fertility. After completing the free list, the informant will be asked to explain why she included each item on the list.

The salient items from the free listing comprise the items in the pile sorts. Words, pictures, drawings, or perhaps the items themselves will be presented on index cards. Informants will be asked to sort the cards into piles of similar items and explain relationships between items in each pile. Separate samples of 25-30 women of reproductive age will be selected by convenience to participate in the free listing and the pile sorting exercises.

The sample for the semi-structured fertility history survey will consist of approximately 850 women who participated in the MDHS. Twelve female Bangladeshi interviewers trained in reproductive health issues will ask respondents about their fertility histories to gain an understanding of respondents' experiences with various determinants of fertility. The ethnographic field guide for the fertility history will be used to focus the discussions, but the discussions will not be limited to the questions in the guide. The guide will be constructed using the information and specific emic terms learned in the previous fieldwork, and pretested and revised prior to use. With the assistance of the respondents, interviewers will complete a reproductive history matrix covering the five year period prior to the Matlab DHS-like interview.

Bibliography

Anderson B. A., et al, "The Validity of Survey Responses on Abortion: Evidence from Estonia," *Demography*, 31:115-132, 1994.

Bairagi, R, S. Becker, A. Kantner, K.B. Allen, A. Datta, and K. Purvis, "Evaluation of the Bangladesh 1993-94 Demographic and Health Survey within the Matlab Demographic Surveillance System: Initial Findings". Presented at the *1995 Meeting of the Population Association of America*, April 6-8, 1995.

Bernard H. R., *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Sage Publications, 1994.

Bongaarts J., and R. G. Potter. *Fertility. Biology. and Behavior: An Analysis of the Proximate Determinants*. Academic Press. 1983.

Cleland J., J. F. Phillips, S. Amin, and G. M. Kamal, *The Determinants of Reproductive Change in Bangladesh: Success in a Challenging Environment*. The World Bank, 1994.

Davis K., and J. Blake, "Social Structure and Fertility: An Analytic Framework." *Economic Development and Cultural Change*, 4:211-235, 1956.

Huntington D., B. Mensch, and N. Toubia, "A New Approach to Eliciting Information about Induced Abortion," *Studies in Family Planning*, 24:120-124, 1993.

ICDDR,B, *Demographic Surveillance System Early Indicators Matlab - 1993*, International Center for Diarrhoeal Disease Research, Bangladesh, 1994.

Islam S., "Case Studies of Indigenous Abortion Practitioners in Rural Bangladesh," *Studies in Family Planning*, 12: 86-93, 1982.

Jones E. F., and J. D. Forrest, "Underreporting of Abortion in Surveys of U.S. Women: 1976 to 1988," *Demography*, 29:113-126, 1992.

Khan A.R., S. F. Begum, D. L. Covington, B. Janowitz, S. James, and M. Potts, "Risks and Costs of Illegally Induced Abortion in Bangladesh," *Journal of Biosocial Science*, 16:89-98.

Khan A. R., R.W. Rochat, F. A. Jahan, S. F. Begum, "Induced Abortion in a Rural Area of Bangladesh," *Studies in Family Planning*, 17:95-99, 1986.

Liskin L. S., "Complications of Abortion in Developing Countries" *Population Reports*, Series F, No. 7, 1980.

Paxman J. M., A. Rizo, L. Brown, and J. Benson, "The Clandestine Epidemic: The Practice of Unsafe Abortion in Latin America," *Studies in Family Planning*, 24:205-226, 1993.

Remez L., "Confronting the Reality of Abortion in Latin America," *International Family Planning Perspectives*, 21:32-36, 1995.

Singh S., and D. Wulf, "Estimated Levels of Induced Abortion in Six Latin American Countries," *International Family Planning Perspectives*, 20:4-13, 1994.

Spadley J., *The Ethnographic Interview*, New York: Holt, Rinehart, and Winston, 1979.

Weller S. C., and A. K. Romney, *Systematic Data Collection*, Sage Publications, 1988.

Yamaguchi K., *Event History Analysis*, Newbury: Sage Publications, 1991.

Publications of Principal Investigator

Publications

Johnston, H. B., and K. H. Hill, 1996, Induced Abortion in the Developing World: Indirect Estimates, *International Family Planning Perspectives*, Forthcoming.

Salter, C. L., N. Z. Hengen, and H. B. Johnston, 1996, Saving Women's Lives: New Directions in Emergency Care, *Population Reports*, Series L, No. 10, Forthcoming.

Conference Papers

Johnston, H. B., 1996, *Induced Abortion in the Developing World: Indirect Estimates*, Annual Meeting of the Population Association of America, New Orleans, Louisiana, May 9-11, 1996.

Salter, C. L., H. B. Johnston, and P. T. Piotrow. 1996, *Emergency Care for Young Adults*. Annual Meeting of the American Public Health Association. New York, New York, November, 1996.

In-House Publications

Johnston, H. B., *Final Project Report EGY-Wafai-01*, Time and Materials Contract between the Johns Hopkins University Center for Communication Programs and Wafai and Associates, January 15, 1993 - December 31, 1993.

Johnston, H. B., *Final Project Report NE-EGY-17*, Time and Materials Contract between the Johns Hopkins University Center for Communication Programs and the Center for Development Services, May 1, 1992 - November 30, 1993.

Johnston, H. B., *Family Planning Training and Communication Project, Final Project Report NE-MOR-04*, Sub-Agreement between the Johns Hopkins University Center for Communication Programs and the Ministry of Public Health in Morocco, June 1, 1990 - July 31, 1992.

Johnston, H. B., *Final Project Report NE-MOR-05*, Fixed Price Contract between the Johns Hopkins University Center for Communication Programs and Medias Conseil, June 1, 1990 - July 31, 1992.

Johnston, H. B., *Production of Living Stories of Yemeni Families and Associated Television Spots*, Fixed Price Contracts NE-Matter-01, PCS3-Matter-01, and PCS-Matter-02, August 10, 1991 to June 15, 1992.

Johnston, H. B., *Final Project Report: The Family House*, JHU/PCS Fixed Price Contracts No. NE-EGY-11, NE-EGY-12, NE-JOR-02, and NE-MOR-06. January 1, 1990 to April 30, 1992.

Johnston, H. B., *Final Project Report NE-EGY-14*, Fixed Price Contract between Johns Hopkins University Center for Communication Programs and the Center for Development Services of Egypt, December 1, 1991 - March 1, 1992.

Johnston, H. B., *Final Project Report NE-EGY-10*, Time and Materials Contract between the Johns Hopkins University Center for Communication Programs and the Social Planning Analysis and Administration Consultants (SPAAC), February 1, 1990 - December 31, 1991.

Johnston, H. B., *Production of Family Planning Informational Booklet, Final Project Report NE-YEM-01*, Letter of Agreement between the Johns Hopkins University Center for Communication Programs and the Ministry of Public Health in Yemen, September 1, 1991 - November 30, 1991.

Johnston, H. B., *Final Project Report NE-MOR-01*, Time and Materials Contract between the Johns Hopkins University Center for Communication Programs and Leader Management Services et Conseil, March 15, 1989 - August 31, 1991.

Johnston, H. B., *Final Project Report NE-EGY-13*, Fixed Price Contract between the Johns Hopkins University Center for Communication Programs and the Egyptian Junior Medical Doctors' Association, August 15, 1990 - August 14, 1991.

Johnston, H. B., *Final Project Report NE-MOR-03*, Fixed Price Contract between the Johns Hopkins University Center for Communication Programs and the Ministry of Public Health in Morocco, January 1, 1990 - June 30, 1990.

Table 1. Flow Chart for Bangladesh Component of Abortion in the Developing World: Testing an Indirect Measurement Technique

	1996 October	November	December	1997 January	February	March	April-June	July
Data Analysis	DSS data analysis: compare time trends in direct and indirect abortion estimates							Analyze AFS data
Hire and Train Staff	Hire and train research assistant				Solicit survey staff	Hire and train survey staff		
Direct Observations	Contact potential informants	Conduct interviews; analyze results						
Key Informant Interviews			Round I of K.I. interviews; analyze results	Round II of K.I. interviews; analyze results	Round III of K.I. interviews; analyze results			
Free Listing & Pile Sorting		Free listing and pile sorting; analyze results						
Abortion Frequency Survey					Construct abortion frequency survey instruments based on research results	Pretest / revise survey instrument: rounds I, II, and III	Implement survey, data entry Conduct regular survey workshops with interviewers	
Language Study / Report Writing	Bengali language study					Ethnographic research report	Ethnographic research report	Document findings

Itemized specific tasks for principal investigator:

Generate direct and indirect estimates of abortion using ICDDR,B DSS / RKS and MDHS data for the 1988-1994 period. Generate direct and indirect estimates of abortion using ICDDR,B DSS / RKS for the period 1980 - 1994.

Hire and train a bilingual (Bengali-English) Bangladeshi woman with knowledge of fertility issues to work as research assistant.

Contact, visit, interview, and observe menstrual regulation providers and training centers.

Conduct and analyze direct observations and unstructured interviews.

Conduct and analyze (with research assistant) 3 rounds (minimum of 18 interviews per round) of key informant interviews.

Conduct and analyze results of free listing and pile sorting.

Write report on results of ethnographic research.

Construct, pretest (3 rounds of pretesting), and revise fertility history survey.

Hire and train interviewers and assistants for Abortion Frequency Survey (AFS).

Select sample for fertility history survey.

Oversee implementation of fertility history survey.

Conduct regular AFS workshops with interviewers.

Generate direct and indirect estimates of abortion from results of fertility history survey.

Analyze and document research results.

ABORTION FREQUENCY STUDY BUDGET

Principal Investigator Living Expenses

Stipend (\$1000/month for 12 months)		12,000
Lodging in Matlab	\$260/month for 10 months	2,600

Supplies and Communication

Photocopying		500
Telephone, Fax, DHL, e-mail, etc.		500
Translation		500
Office materials		250

Salaries

Research assistant	1 @ \$300/month for 5 months (salary includes per diem)	1,500
Project manager	1 @ \$300/month for 5 months (salary includes per diem)	1,500
Interviewers	12 @ \$185/month for 5 months	11,100
Supervisors	3 @ \$225/month for 5 months	3,375
Logistical assistant	3 @ \$75/month for 5 months	1,125
Computer programmer		500

Travel costs

Matlab-Dhaka-Matlab	40 @ \$30 / round trip	1,200
Within Matlab		1,000

Computer access 500

Total direct costs 38,150

Indirect costs 5,723

Total budget 43,873

APPENDICES

1. Ethnographic field guide for key informant interviews
2. Free listing question and probes
3. Sample field guide for event history matrix
4. Consent forms in English and Bengali

APPENDIX 1. ETHNOGRAPHIC FIELD GUIDE FOR KEY INFORMANT INTERVIEWS

I. Key Informant Interview Round 1

PURPOSE: To determine the conceptualizations women have, and the vocabulary women use to discuss abortion and other events related to fertility.

1. Please tell me about a typical day. Start by telling me what you do after you wake up.
2. Tell me about your health. When were you last sick?
3. What did you do to stop the sickness?
4. Do you prefer traditional or modern medicine?
5. Tell me about some kinds of traditional medicines that really hurt.
6. Tell me about some kinds of modern medicines that really hurt.
7. Why do people use these medicines?
8. Tell me about traditional and modern methods of abortion.
9. Tell me why some women prefer traditional abortion to modern abortion.
10. Which do you think is better? Why?
11. What should be done to improve women's health in your community?

12. Please tell me about your marriage.
13. How do women's lives change when they begin living with their husbands?
14. How did your life change when you began living with your husband?
15. Tell me how you felt about having children when you were first married.
16. Sometimes married couples want to have children very soon. What kinds of things do people in your village do when they want to have children soon?
Encourage informant to discuss a situation in which these methods have worked and have not worked.
17. Sometimes husbands and wives want to have children, but do not. What might be some reasons husbands and wives can not have children?
Encourage informant to discuss sterility, intrauterine mortality, and infecundability for reasons such as temporary migrations and malnutritional amenorrhea
18. Sometimes married couples want to postpone or stop having children. What kinds of things do people in your village do when they do not want to have children?
Encourage informant to discuss a situation in which these methods have worked and have not worked.
19. Please tell me about the safety of these methods for the women and men who use them.
20. Can you think of any other ways of improving women's health in your village?

Thank you for participating in this interview. You've helped me understand more about life in your village. Can I return to talk with you again later? Can we arrange a time now?

II. Key Informant Interview Round 2

PURPOSE: To gain a more in-depth understanding of conceptualizations women have, and the vocabulary women use to discuss abortion. Also to gain an understanding of women's attitudes toward unwanted pregnancy, and knowledge and perceptions of induced abortion.

First follow-up with questions from previous interview, then continue with the following questions:

1. Now I'm going to ask some questions about a different topic. Many women bleed about once a month. What is this called?
2. What are some good things about menstruation?
3. What are some bad things about menstruation?
4. What could it mean if a woman's period is late?
5. What can women do to encourage bleeding again?
Encourage informant to discuss where women go to induce menstruation, who would accompany a woman, and the perceived safety of MR.
6. Please tell me about a situation in which someone in your village became pregnant when she did not want to be.
Encourage informant to elaborate on "unwanted" pregnancies.
7. What are some reasons women in your village might view their pregnancies as unwanted?
8. What might women do in this situation?
9. What are some ways a woman could end a pregnancy if she didn't want to have a baby?
Encourage informant to elaborate on how these methods work, and whether they are considered effective.
10. In your village, who would a woman ask for help if she wanted to end a pregnancy? How would the woman know where to go for help?
11. Suppose a woman in your village did try to end a pregnancy, and developed a complication. What could she do? What do you think would happen if she went to a clinic or hospital?
12. If someone told you unplanned pregnancy is a problem in your village what would you say?
13. If someone told you abortion is common in your village, what would you say?
14. How can traditional abortion be reduced?
15. How can MR in the village be reduced?

Thank you for talking with me again. You've helped me understand even more about life in your village. Would it be alright if I returned to talk with you again later? Can we arrange a time now?

III. Key Informant Interview Round 3

PURPOSE: Discuss survey instrument with informants. Follow up on previous interviews.

Questions will be based on information collected in previous two rounds of interviews.

APPENDIX 2. FREE LISTING QUESTION AND PROBES

PURPOSE: To determine how women conceptualize and refer to methods of postponing or preventing births. Results of freelisting and subsequent pile sorting will guide the construction of the fertility history survey.

QUESTION: Sometimes married couples want to space their children, or they decide they have had enough children. What can such couples do to delay or prevent future births? Please list all the ways to delay or prevent births that you can think of.

PROBES: Would people of other religions, or who live in different areas use other ways? Please list these as well.

Can you think of any other ways?

After the informant has listed all the relevant items she can think of, the interviewer will ask the informant why each item was included in the list.

APPENDIX 3. SAMPLE FIELD GUIDE FOR ABORTION FREQUENCY SURVEY²

Fill in the fertility history matrix in front of the informant, allowing her to make corrections as necessary during the process of the interview. The questions listed are opening questions. Expand as much as possible.

Thank you for agreeing to participate in the study.

MARRIAGE:

M1. Please tell me the month and year you started living with your husband?

Fill in column 5

M2. Since you began living together, have you ever spent over two weeks living in different households?

Fill in column 5

BIRTHS / PREGNANCIES

I would like to talk with you about your births in the past five years, whether still alive or not, starting with your most recent birth.

B1. When did you most recently give birth?

Fill in columns 3 and 4

B2. What name was given to your most recent born child?

Fill in column 4

²The draft questionnaire presented here is based on questions asked in the Bangladesh DHS. Though the questionnaire and associated matrix will be revised to incorporate Bangladeshi conceptualizations and language, the topics covered in the final questionnaire will be similar to those presented here. Revisions will be based on results of the ethnographic analysis and pretesting.

B3 Was this a girl or a boy?

FILL IN GIRL. BOY: _____

B4. How old was (name) at her/his most recent birthday?

FILL IN AGE: _____

REPEAT QUESTIONS FOR EACH BIRTH THAT OCCURRED IN FIVE YEARS PRIOR TO INTERVIEW

P1. Are you pregnant now?

Fill in column 3

P2. How many months pregnant are you?

Fill in column 3

ABORTION, STILLBIRTHS, INTRAUTERINE MORTALITY

You've told me about pregnancies that ended in live births. Now I'm going to ask you some questions about pregnancies that did not end in live births.

P3. Have you ever had a pregnancy that ended in a spontaneous miscarriage, induced miscarriage, or stillbirth?

P4. When did the most recent such pregnancy end?

P5. Was this an induced abortion, a miscarriage, or a stillbirth?

P6. How many months pregnant were you when the pregnancy ended?

Fill in column 9, 11, or 12. Fill in the calendar for the time the respondent was pregnant.

P7. Prior to the pregnancy you just told me about, have you had a pregnancy that ended in a spontaneous miscarriage, induced miscarriage, or stillbirth?

P8. When did this pregnancy end?

P9. Was this an induced abortion, a miscarriage, or a stillbirth?

P10. How many months pregnant were you when the pregnancy ended?

Fill in column 9, 11, or 12. Fill in the calendar for the time the respondent was pregnant.

REPEAT SERIES OF QUESTIONS (P7 - P10) UNTIL RESPONDENT REPORTS A PREGNANCY THAT ENDED MORE THAN FIVE YEARS PRIOR TO THE SURVEY

MENSTRUAL REGULATION

R1. Sometimes women's menstrual periods are late. For health reasons they go to a health worker to induce menstruation. This procedure is called menstrual regulation, or MR. Have you ever had an MR?

R2. When did you most recently induce menstruation?

R3. How much time had elapsed between your missed menstrual period and the MR?

Fill in column 8

R4. Prior to the MR you just told me about, have you had an MR? When?

R5. How much time had elapsed between your missed menstrual period and the MR?

Fill in column 8

R6. Prior to the MRs you just told me about, have you had an MR? When?

R7. How much time had elapsed between your missed menstrual period and the MR?

Fill in column 8

REPEAT SERIES OF QUESTIONS UNTIL RESPONDENT REPORTS AN MR THAT ENDED MORE THAN FIVE YEARS PRIOR TO THE SURVEY

POSTPARTUM ABSTINENCE AND AMENORRHEA

A1. Has your period returned since the birth of (name of child born most recently)?

Fill in column 6

A2. Did your period return between the birth of (name of child born prior to most recent) and your most recent pregnancy?

A3. For how many months after the birth of (name of child born prior to most recent) did you not have a period?

Fill in column 6

REPEAT SERIES OF QUESTIONS FOR ALL BIRTHS WITHIN FIVE YEARS OF THE SURVEY

A4. Have you resumed sexual relations since the birth of (name)?

A5. For how many months after the birth of (name) did you not have sexual relations?

Fill in column 6

REPEAT SERIES OF QUESTIONS FOR ALL BIRTHS WITHIN FIVE YEARS OF THE SURVEY

CONTRACEPTIVE USE AND STERILITY

C1. Have you or your husband ever used anything or tried in any way to delay or avoid getting pregnant?

C2. What have you used or done?

C3. How long have you been using this method continuously?

Fill in column 7

C4. Have you or your husband used any other method?

C5. For what time period did you use this method?

Fill in column 7

C6. Any other methods?

C7. For what time period did you use this method?

Fill in column 7

Continue asking series until the respondent reports no more methods within five years prior to survey

INTERCOURSE

I1. Now I need some details about your sexual activity in order to get a better idea of sexual activity and fertility. How many times did you have intercourse in the last four weeks?

Fill in column 10

I2. In some months do you have sexual intercourse more than others? If so, which months?

Fill in column 10

CONCLUDING QUESTIONS

I have asked you about many aspects of your personal life, and I appreciate your honest responses. Now I would like to ask you your reaction to the questions I asked. Did you find any of the questions asked in the interview particularly threatening?

Which ones?

Some women are uncomfortable answering questions regarding their experience with MR. MR and traditional abortion can have a major impact on women's health. To understand what this impact is, it is important to know the prevalence of MR. I have a final question for you. Though it's kind of a game, the results will be very useful in helping me tabulate the prevalence of abortion in your community.

Use randomized response technique (RRT) question to ask informant about the number of abortions she has had.

Thank you again for answering my questions.

Note: Fertility questions based loosely on Bangladesh DHS



APPENDIX 4. CONSENT FORMS

- A. Consent forms for direct observation and interviews
 - 1. In Bengali
 - 2. In English

- B. Consent forms for key informant and fertility history interviews
 - 1. In Bengali
 - 2. In English

- C. Consent form for free listing and pile sorting
 - 1. In Bengali
 - 2. In English

**Quantifying Induced Abortion in the Developing World:
Testing an Indirect Technique**

**CONSENT FORM FOR DIRECT OBSERVATIONS AND UNSTRUCTURED
INTERVIEWS**

I am helping conduct a study about fertility issues in Matlab. The study is designed to help understand women's experiences with and concerns about fertility. As part of this study, I am interested in observing women as they obtain family planning information and supplies. You are being asked to participate in this study because you provide family planning information and / or supplies to women living in Matlab thana. I want to observe your interactions with your clients to gain an understanding of how women talk about and perceive family planning. I also want to talk with you and find out your perceptions of interactions with women receiving family planning supplies and services. There are no right or wrong answers to the questions I ask. You do not have to answer any questions that are uncomfortable for you. You may stop the observation or the questioning at any time. As an investigator, I will not be able to answer any reproductive health or other medical questions you may have.

The observation will last up to four hours. I will make notes so I will remember what I have observed. There are no risks to you if you participate in this study. Your name will not be associated with anything you say. I will not write down your name anywhere on my notes. Every effort will be made to keep the information I collect confidential.

Your allowing me to conduct this observation is completely voluntary. Not participating, or discontinuing your participation, will in no way jeopardize your status with ICDDR,B. You should ask Heidi Johnston at ICDDR,B, any questions you may have about this study. You may ask her questions in the future if you do not understand something that is being done.

Neither the ICDDR,B, nor Johns Hopkins University have any program to provide compensation to you if you experience bad effects which are not the fault of the investigators.

Do you give your consent for me to observe your interactions with clients and ask you questions about family planning provision in Matlab?

Consent Obtained _____ Yes _____ No _____ Date _____
Study Identification Number _____
Interviewer Signature _____
Interviewer Family Name _____ (PRINT)

**Quantifying Induced Abortion in the Developing World:
Testing an Indirect Technique**

CONSENT FORM FOR KEY INFORMANT INTERVIEWS AND FERTILITY HISTORIES

I am helping conduct a study about women's health issues in Matlab. The study is designed to help understand women's experiences with and concerns about fertility. You are being asked to help with this study because you are a woman of reproductive age woman living in Matlab thana. I want to talk with you and find out your opinions and experiences. There are no right or wrong answers to the questions I will ask. You do not have to answer any questions that are uncomfortable for you. You may stop this interview at any time. As an interviewer, I will not be able to answer any reproductive health or other medical questions you may have.

We will talk for about forty-five minutes. I will ask you some questions and I will make notes of your answers so I will remember what you have said. For your protection, this interview will be conducted in private. If an adult approaches us during the process of the interview, I will discontinue the fertility interview, ask some questions about the foods you eat, and schedule a time to return to continue the fertility interview.

There are no risks to you if you participate in this interview. Your name will not be associated with anything you say. I will not write down your name anywhere on my notes. Every effort will be made to keep the information you give me confidential.

Your participation in this interview is completely voluntary. Not participating, or discontinuing your participation, will in no way jeopardize your status with ICDDR,B. You should ask Heidi Johnston, at ICDDR,B, any questions you may have about this study. You may ask her questions in the future if you do not understand something that is being done.

Neither the ICDDR,B, nor Johns Hopkins University have any program to provide compensation to you if you experience bad effects which are not the fault of the investigators.

Do you give your consent for me to ask you questions about fertility issues in Matlab?

Consent Obtained _____ Yes _____ No _____ Date _____
Study Identification Number _____
Interviewer Signature _____
Interviewer Family Name _____ (PRINT)

**Quantifying Induced Abortion in the Developing World:
Testing an Indirect Technique**

CONSENT FORM FOR FREE LISTING AND PILE SORTING

I am helping conduct a study about fertility issues in Matlab. The study is designed to help understand women's experiences with and concerns about fertility. You are being asked to help with this study because you are a woman of reproductive age living in Matlab thana. I want to ask some questions about family planning. There are no right or wrong answers to these questions. You do not have to participate if you are uncomfortable with the exercise. You may stop this exercise at any time. As an interviewer, I will not be able to answer any reproductive health or other medical questions you may have.

We will talk for about ten minutes. I will ask you some questions I have prepared, and questions make notes of your answers so I will remember what you have said. For your protection, this interview will be conducted in private. If an adult approaches us during the process of the interview, I will discontinue the fertility interview, and ask some questions about the foods you eat.

There are no risks to you if you participate in this interview. Your name will not be associated with anything you say. I will not write down your name anywhere on my notes. Every effort will be made to keep the information you give me confidential.

Your participation in this interview is completely voluntary. Not participating, or discontinuing your participation, will in no way jeopardize your status with ICDDR,B. You should ask Heidi Johnston, at ICDDR,B, any questions you may have about this study. You may ask her questions in the future if you do not understand something that is being done.

Neither the ICDDR,B, nor Johns Hopkins University have any program to provide compensation to you if you experience bad effects which are not the fault of the investigators.

Do you give your consent for me to ask you questions about family planning in Matlab?

Consent Obtained _____ Yes _____ No _____ Date _____
Study Identification Number _____
Interviewer Signature _____
Interviewer Family Name _____ (PRINT)

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Department of Population Dynamics

October 7, 1996

Dr. Demissie Habte

Director
ICDDR, B
Dhaka
Bangladesh
Fax# 880-2-883116

Dear Dr. Habte,

Demissie

I am writing to confirm that Heidi Johnston's thesis research proposal "Induced Abortion in the Developing World: Testing an Indirect Measurement Technique" has been reviewed for scientific merit and approved by two groups of Johns Hopkins faculty, one being the five-person committee for her Preliminary Oral Examination, the other being the five-person Review Committee for research proposals requesting funding from the Andrew W. Mellon Foundation. The proposal has also been reviewed for ethical acceptability and approved, subject to approval by ICDDR,B's ethical review committee, by the School of Hygiene and Public Health's Committee on Human Research. A copy of the CHR approval is attached.

With best wishes,

Yours sincerely,



Kenneth Hill
Professor and Director, Hopkins Population Center

c: Heidi Johnson (letter only)

School of Hygiene and Public Health

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Baltimore MD 21205-2179
(410) 955-3193 / (410) 955-0258


Office for Research Subjects
Committee on Human Research
Animal Care and Use Committee

COPY

5 April 1996

MEMORANDUM

TO: Kenneth Hill
(Heidi Johnston)
Population Dynamics

FROM: Curtis L. Meinert 
Chair, Committee on Human Research

SUBJECT: Research proposal entitled: "Induced Abortion in the Developing World: Testing an Indirect Measurement Technique"-CHR#H.32.96.02.23.A./ Ken Hill, Population Dynamics-Principal Investigator

The Committee on Human Research reviewed the above-noted research proposal on 3 April 1996 and recommended approval subject to receipt of the following:

- 1) Letter of collaboration;
- 2) Evidence of local IRB approval.

All correspondence should be forwarded to the CHR Staff Office, Room 1604-A Hygiene.

THIS RESEARCH MAY NOT GO FORWARD WITHOUT A STATEMENT OF APPROVAL.

CLM/dg

Bcc.: Dawd SAUC