

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Principal Investigator M. Tawhidul Anwar

Trainee Investigator (if any) _____

Application No. Dec/06/90

Supporting Agency (if Non-ICDDR,B) _____

Title of Study The role of interpersonal, mediated and system-level communication in

Project status:

raising MCH-FP status in Matlab

- 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

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

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 N.A.
- (d) Sensitive questions Yes No N.A.
- (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

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.

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

M. Tawhidul Anwar
Principal Investigator

Trainee

SECTION I : RESEARCH PROTOCOL

1. Title : The Role of Interpersonal, Mediated and System-level Communication in Raising MCH-FP status in Matlab.
2. Principal Investigators : M. Tawhidul Anwar
- Co-investigators : M. Nazmul Hassan, INFS, DU
Abbas Bhuiya, ICDDR, B
M. Golam Rahman, MCJ, DU
3. Starting Date : September 1990 (as soon as approval and funding available)
4. Completion Date : 9 months after initiation
5. Total Costs : US \$15,650

Md. Tawhidul Anwar
10.7.90

Signature of Chairman
Dept. of Mass Communication & Journalism
University of Dhaka

Signature of the Scientific Programme Head, PSED
ICDDR, B

M. Anwar 10.7.90

7. Abstract Summary :

The goals of this study are to identify the state of health and family planning related message flows, the formation of communication networks, the intervening influence of interpersonal communication networks as against the influence of mediated and system-level communication on MCH-FP behaviour change. Research will take place in the three treatment areas of Matlab and one comparison-area-nearby. Both observation and snowball sample survey methods will be used.

Bivariate and multivariate correlational techniques will be applied to ascertain the role differentials of interpersonal, mediated and system-level communication variables in influencing the MCH-FP status of the clientele in Matlab and the adjoining area. This research hopes to generate information for further perfection of the Matlab programme and for possible replication of the perfected programme into other programme areas of the country.

8. Reviews :

- a) Ethical Review Committee : _____
- b) Research Review Committee : _____
- c) Director : _____

SECTION II : RESEARCH PLAN

INTRODUCTION

1. Protocol Objectives:

- a) To identify the state of the flow of MCH-FP messages through the study of communication networks in the intervention areas of Matlab.
- b) To ascertain the role differentials of interpersonal, mediated and system-level communication in the change of behaviour of the MCH-FP clientele in the Treatment Area and a Comparison Area.
- c) To consider ways to improve the process of socialisation of MCH-FP messages in Matlab to see the approach can be replicated in other rural areas too.

2. Background:

Accumulated evidence todate showed that the formation of friendship communication dyads differed from that of innovation diffusion dyads and the formation of the latter again differed between topics (say health or family planning).

(1, 2, 3, 4 and 5) Yet other studies showed that principal source of network leadership for innovative messages came from friendship (social) dyads though the extent of network leadership overlap varied depending on the normative or disruptive nature of message flow. The network scholar Kincaid (6) found individual connectedness to be highly

positively related to individual innovativeness depending on the nature of innovations. A study in Bangladesh saw that institutional communication network with 5 percent level of integration (actual links as a percentage of maximum possible links in a network) can discernibly contribute to the change of behaviour of the clientele (7). It was further noticed that media exposure and mobility of a person helped raise the level of awareness about innovation, community workers visit and inter-spouse intimate familial communication produced a favourable opinion and it was communication connectedness of a person in a social setting that influenced one's level of advocacy and adoption of innovation, be it normative or disruptive of norms (7).

It is not known if the above held true in case of the program intervention areas of Matlab. In order to meet this data gap as well as to find if some other hitherto unexplained phenomena are operating in bridging the gap between awareness and adoption in Matlab areas, a communication study of this kind is imperative.

3. Rationale:

ICDDR-B's intervention program in Matlab has been found to raise the health, nutrition and family planning status of the people in the area. But it is yet to be ascertained

- a) to what extent communication and education contribute to this improved status,

- b) to what extent the program is self-perpetuating and
- c) if the program can be replicable in other rural areas too.

This study attempts to find answers to these queries.

SPECIFIC AIMS

- a) To see the intervening influence of communication network variables on MCH-FP behaviour change.
- b) To find the suitability of the Matlab programme for other areas.

METHODS AND PROCEDURES

Broadly four areas will be selected. They will be

- i. Facility saturated
- ii. Information saturated
- iii. Both facility and information saturated
- iv. Facility and information poor

Each area will be either a village or a cluster of villages determined sociometrically following a who-to-whom path of social relations. The first three areas will be selected from the program area and the fourth area will form the comparison area.

Since in this study individuals and their relationships will be the units of analysis, the snowball sampling method will be adopted for data collection. Snowball sampling method utilizes the sociometric data about network relationships to determine who in a system should be the respondents in a research study. (6) In this method an original sample of respondents called starters are asked to name their sociometric referrals

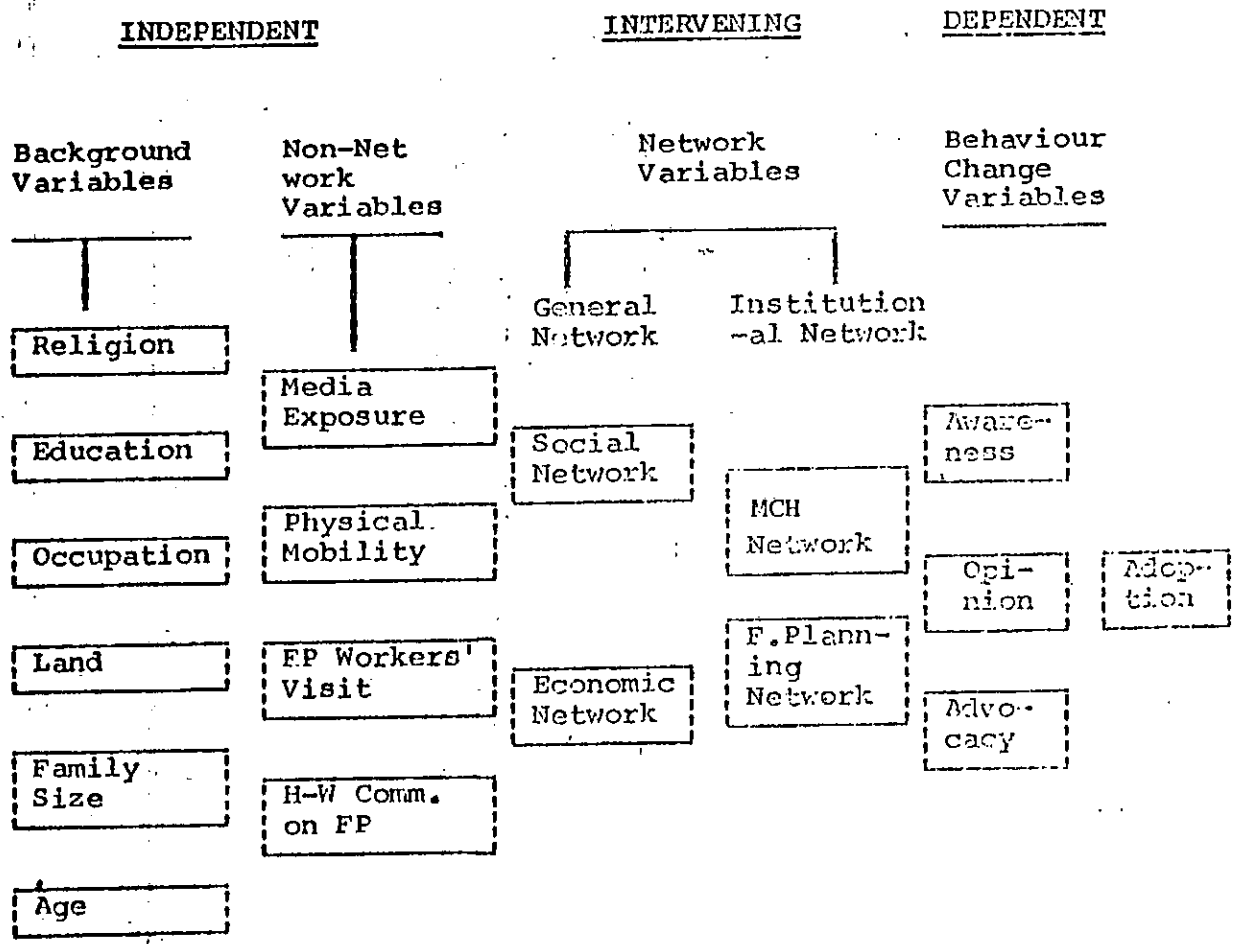
who then become respondents in a second phase of data gathering, the second stage snowballs will name further sociometric referrals to constitute the respondents at the third stage and so on till the referrals will only be duplication of respondents referred to at earlier stages. Though the sociometric chain will take the investigator to referrals who might be only the husband or the wife, this study will include both the husband and wife for interview to make the monadic and dyadic data more clean. In addition, all the innovators and field workers will be included in the sample.

Data will be collected from the sociometrically selected respondents using a pretested questionnaire. Data about program activities will be obtained by direct observation of the innovators and field workers in the study areas.

Data so collected will be analysed commensurate with the objectives of the study. The variables will be categorised under four heads : (a) background, (b) non-network, (c) network and (d) behaviour change variables. The background and non-network variables will be the independent variables, the network variables intervening and the behaviour change variables dependent.

For a quick comprehension, the variables in their positional arrangements were presented in a flow chart.

Analytical Framework



SIGNIFICANCE

The study will identify the strength and weakness of the intervention program related to MCH-FP message flows. This will also help to find the extent of the process of socialisation of the program most needed for the perpetuation of the activities for future years with less dependency on facility support from the centre. It will further examine the gap between the program activities and the beneficiaries. Information generated by this study may be of immense help for the planners and policy makers formulating similar programmes for local, regional and national levels.

REFERENCES

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2. Bott, E., Family and Social Networks : Roles, Norms and External Relationships in Ordinary Urban Families, New York, Free Press, 1971.
3. Marshall, J.F., "Topics and Networks in Inter-village Communication" in Steven Polgar, (ed.), Culture and Population: A collection of Current Studies, Chagel Hill, Monograph, 9, 1971.
4. Parsons, J.S., Interaction and Communication in a Phillipine Barrio : A study of Social Space and Social Distance, Honolulu, 1973.
5. Guimaraes, L.L., Communication Integration in Modern and Traditional Social Systems: A comparative Analysis Across Twenty Communities of Minas Gerais, East Lansing, 1972.
6. Rogers, E.M., and Kincaid, D.L., Communication Networks : Toward a New Paradigm for Research, New York, Free Press, 1981.
7. Anwar, M.T. Communication Networks in Rural Development Approaches : Experiences of Comilla and Savar, Dhaka University, (unpublished), 1989.

BUDGET

	Person month	Salary per month in Taka	Project requirement in Taka
A. Personnel			
1 Principal Investigator*	9	10,000	90,000
2 Co-Investigators	18	5,000	90,000
1 Field Supervisor	5	5,000	25,000
8 Interviewers	40	4,000	160,000
3 Coders	9	4,000	36,000
1 Statistician	4	5,000	20,000
1 Programmer	3	6,000	18,000
1 Data Entry Technician	2	3,000	6,000
1 Typist	3	3,000	9,000
Sub-Total			<u>454,000</u>
B. Computer time			60,000
C. Stationery			15,000
D. Printing and Reproduction			20,000
E. Travel Expenses (Transport and per-diem)			40,000
F. Miscellaneous			10,000
Total			<u>599,000</u>
			US \$ 17,115

APPENDIX - 1
QUESTIONNAIRE
SECTION A

1. Name of the respondent :
2. Marital status :
3. Religion :
4. Size of family : persons.
 (Dining together)

Name	Age	Occupation		Sex	Education	Relation with the head of the family
		Primary	Secondary			
i.						
ii.						
iii.						
iv.						
v.						
vi.						
vii.						
viii.						
ix.						
x.						
xi.						
xii.						
xiii.						
xiv.						
xv.					<u>Joint</u>	<u>Unitary</u>

5. Have you lost any children ? Yes No
6. Number of children died :
7. Cause of death :

8. Your land holdings:

Nature of land	Own	Mortgage		Lease		Total
		In	Out	In	Out	

i. Arable

ii. Not arable

9. Your family income :

Income from agriculture			Cost of production						Net In- come
Crop	Quan- tity	Price	Irri- gation	Ferti- lizer	Plough	Labour	Other ex- penses	Total	

i. Aus

ii. Aman

iii. Boro

iv. Cash crop

Business

Service

10. Your monthly expenditure :

11. Valuable things bought/sold last year :

i. Land _____

ii. Gold _____

iii. Radio/TV _____

iv. Bi/Tricycle _____

v. Others _____

12. Your economic status (according to you):

Rich

Solvent

Near solvent

Poor

13. To interviewer's opinion, the status should be :

Rich

Solvent

Near solvent

Poor

SECTION B

14. What do you think the problems of you, your village and the country are ? (Serialise the problems in order of gravity).

	<u>Personal</u>	<u>Of your village</u>	<u>Of the country</u>
i.			
ii.			
iii.			
iv.			
v.			

15. How do you think these problems can be solved ?

	<u>Personal</u>	<u>Of your village</u>	<u>Of the country</u>
i. Cooperative pursuit	i.	i.	i.
ii. Family planning	ii.	ii.	ii.
iii. Creation of job opportunity	iii.	iii.	iii.
iv. Education	iv.	iv.	iv.
v.	v.	v.	v.

16. Do you find any activities in the locality in line with your suggestions ?

Yes

No

(If No, please proceed on with Q.19)

17. If Yes, what are they ?

18. Do you think these activities would help your locality ?

Yes

No

19. What are the endemic diseases in your locality ?

i.

ii.

iii.

20. What do you think the preventive measures should be ?

- Good food
- Preventive vaccines
- Cleanliness drive
- Drinking of boiled water

21. Whom do you repose your confidence in for treatment ?

- _____ Ayurved
- _____ Homeopath
- _____ Religious healers
- _____ Health workers
- _____ Certified doctors
- _____ Hospital (Private/Public)
- _____

22. Do you consider more children to be a problem ?

Yes

No

(If No, please proceed on with Q. 25).

23. If Yes, why do you think so ?

- It increases both needs and sufferings
- It increases pressures on land
- Proper schooling of the children becomes difficult
- It increases demands on job opportunities

24. Where did you gather this concept of family planning from ?

- | | |
|---------------------|-------------------|
| _____ Health worker | _____ Cooperators |
| _____ Radio/TV | _____ Meetings |
| _____ Newspaper | _____ Friends |

_____ Union parishad members _____ Local leaders
_____ _____

25. If you do not consider more children to be a problem, why so ?

_____ Children are God-sent
_____ Number is strength
_____ Children are a security
_____ More property can accommodate more children
_____

26. What are the problems of farming in your locality ?

27. What alternative should be adopted to improve agricultural yield ?

_____ Individual farming	_____ Cooperative farming
_____ Traditional irrigation	_____ Modern irrigation
_____ Use of local variety	_____ Use of high yielding variety
_____ Local manure	_____ Chemical fertilizer
_____ Traditional method of farming	_____ Mechanised farming

28. Where did you get these ideas about farming from ?

_____ Cooperators	_____ Health workers
_____ Newspapers	_____ Meetings
_____ Radio/TV	_____ Friends
_____ Union parishad members	_____ Local leaders
_____	

29. How do you explain cooperative as a concept ?

30. Do you believe that cooperative can help improve your lot ?

Yes

No

31. Name the sources of your ideas about cooperative :

_____ Cooperator	_____ Health workers
_____ Newspapers	_____ Meeting
_____ Radio/TV	_____ Friends
_____ Union parishad members	_____ Local leaders
_____	

SECTION C

32. Frequency of meetings in your locality :

Regular

Occasionally

Never

(If Never, please proceed on with Q.37)

33. Do you attend these meetings ?

Regularly

Occasionally

Never

(If Never, please proceed on with Q.37)

34. Do you consider such participation beneficial ?

Yes

No

(If No, please proceed on with Q.36)

35. Can you cite an example of how did such participation help you ?

36. What are the subjects of discussion in such meetings ?

i. Health/family planning
ii. Agriculture
iii. Cooperative

iv. Education
v. Entertainment
vi.

37. Do you go to see/enjoy the theatre, jatra or kabigaan ?

Yes

No

(If No, please proceed on with Q.40)

38. What are the topics those folk media cover ?

- i. Health/family planning
- ii. Agriculture
- iii. Cooperative
- iv. Education
- v. Entertainment
- vi.

39. How is such exposure helpful ?

- i. Can gather agricultural information
- ii. Learn about family planning
- iii. Can better take care of health
- iv. Take it for a source of entertainment
- v. Do not find it beneficial anyway
- vi.

40. Do you listen to the radio programmes ?

Yes

No

(If No, please proceed on with Q.46)

41. Where do you listen to the radio ?

- | | |
|----------------------------|------------------------|
| _____ Own house | _____ Shop/Marketplace |
| _____ Friend's house | _____ Club |
| _____ Relation's house | _____ Union parishad |
| _____ Local leader's house | _____ |

42. Frequency of listening :

Everyday

Weekly/biweekly

Occasionally

43. When do you listen to the radio most ?

_____ Morning	_____ Evening,
_____ Noon	_____ Night
_____ Afternoon	_____

44. Which programme do you listen to most ?

- i. Health and family planning
- ii. Agriculture and development through cooperative
- iii. Drama/jatra
- iv. Music
- v. Education
- vi. News
- vii. Religious affairs
- viii.

45. Do you benefit from listening to radio programme ?

- i. Learn about agriculture development
- ii. Learn about family planning
- iii. Can take good care of health
- iv. Take it for a source of entertainment
- v. Do not find it helpful anyway
- vi.

46. Do you view television ?

Yes

No

(If No, please proceed on with Q.51)

47. Where do you view television ?

_____ Own house	_____ Shop/Marketplace
_____ Friend's house	_____ Club
_____ Relation's house	_____ Union parishad
_____ Local leader's house	_____

48.(a) How long a day ? Hour/s

(b) Frequency of viewing :

Everyday Weekly/biweekly Occasionally

49. From the television do you get relevant information/advice for use for the solution of your problems ?

Yes

No

(If No, please proceed on with Q.51)

50. Name the programmes you get the desired information from ?

i.

ii.

iii.

51. Do you read newspaper ?

Yes

No

(If No, please proceed on with Q.54)

52. What items do you read ?

i.

ii.

iii.

53. Do these items carry solutions to your problems ?

Yes

No

54. If you cannot read newspapers, do you take help of others to read them for you ?

Yes

No

(If no, please proceed on with Q.36)

55. Whom do you take help from ? Name them.

i.

ii.

iii.

61. If you do not go, why ?

	<u>1st referral</u>	<u>2nd referral</u>	<u>3rd referral</u>
i. To avoid disputes	_____	_____	_____
ii. Do not feel it necessary.	_____	_____	_____
iii.	_____	_____	_____

62. Of the persons you have named so far, who are the ones that come to you and for what purpose ?

	<u>Name</u>	<u>Purpose</u>
i.		
ii.		
iii.		

63. Besides the names mentioned, who else do come to you for advice ?

	<u>Name</u>	<u>Reason</u>
i.		
ii.		
iii.		

64. Name a person who is not well-off but quite knowledgeable about agriculture/cooperative/family planning/health/social problems.

SECTION E

65. What programmes of the BARD/TTDC and GK/Medical are introduced in your village ?

- i.
- ii.
- iii.
- iv.
- v.

80. If Yes, why ?

- The devices are not effective
- The devices pose health hazards
- The health and family planning workers do not visit regularly
- There is a fear of erosion of social image

81. Does your spouse object to your adoption of family planning ?

Yes No

82. If Yes, do you try to persuade your marital partner ?

Yes No

83. If No, why do not you do that ?

84. What in your opinion should be the ideal number of children in a planned family ?

1 2 3 4 5

85. Does your marital partner hold the same opinion ?

Yes No

86. If No, how divergent is the opinion about the ideal size ?

1 2 3 4 5

87. How did you decide to be a member of cooperative and family planning movement ?

	<u>Cooperative</u>	<u>Family flanning</u>
Voluntary adoption	_____	_____
Authoritative adoption	_____	_____
Contingent adoption	_____	_____
Collective adoption	_____	_____

88. State your impressions about BARD/TTDC and GK/Medical workers :

	<u>BARD/TTDC</u>	<u>GK/Medical</u>
Efficient	_____	_____
Shirker	_____	_____
Tolerant	_____	_____
Corrupt	_____	_____
.....	_____	_____

89. Name three persons who are knowledgeable about cooperative and family planning :

Cooperative

Name	Occupation	Relationship	You visit	You are visited
------	------------	--------------	-----------	-----------------

- i.
- ii.
- iii.

~~Family planning~~

Name	Occupation	Relationship	You visit	You are visited
------	------------	--------------	-----------	-----------------

- i.
- ii.
- iii.

90. Whom did you influence to be the members of the cooperative ? Name three.

Name	Occupation	Relationship
------	------------	--------------

- i.
- ii.
- iii.

91. Who was instrumental in influencing you to be a cooperator ?

Name	Occupation	Relationship
------	------------	--------------

92. Is he or she a cooperator ? Yes No

93. How many did you persuade to adopt family planning ?
..... persons

94. Name three of them :

Name	Occupation	Relationship
------	------------	--------------

- i.
- ii.
- iii.

95. Who was instrumental in persuading you to adopt family planning ?

Name	Occupation	Relationship
------	------------	--------------

96. Name three persons ignorant about cooperative and family planning who visit you for advice.

Name	Cooperative	
	Occupation	Relationship

- i.
- ii.
- iii.

Name	Family planning	
	Occupation	Relationship

- i.
- ii.
- iii.