

their first birth under 20 years of age and those 20 years and above. Children belonging to these two groups of women were also covered in the study. Social and economic status, education, contraceptive practice, and healthcare-seeking behaviour of these women and their family were observed. Both bivariate and multivariate analyses were carried out by considering women who got married at an early or later age as the dependent variable.

**Results:** Preliminary findings indicate that the poor and economically disadvantaged women had their first child earlier compared to the economically advantaged groups. The median age of the women who had their first birth in their teens was 17 years, and for age 20 years and above it was 22. Women who started childbearing early tend to have more children than those who started late. Women who postponed motherhood until after the ten years were more likely to have fewer children and stayed in school longer. Fifty-seven percent of the women who started their child birth before the age of 20 years had experienced at least one child death or pregnancy wastage compared to those who had started child birth at the age of 20 years or later, and 41% had the same experience. Although knowledge of contraceptives was higher among the younger group of women, its practice was higher among the older groups. Delivery attended by trained prsonnel in both groups of women has substantially increased in the study area compared to the national average, but intention to go to the service facilities for delivery did not change neither of the group. More than 90% of the deliveries still occurred at home, irrespective of age.

**Conclusion:** This study reveals that most women spend, on an average, 10-21 years of their lives carrying for younger children. Teen-aged mother and her children face increased health risks as well as limited social and economic options when compared with older mothers and their children. Young women should be encouraged to go to school and continue their education, and should be targeted for contraceptive use to delay their first pregnancy until the age of 20 years. Efforts should be made to enforce the legal age of marriage.

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## Target-Specific Home-based Motivation: Test Case with Family Planning

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**Objective:** Develop systematic approach toward targeting of non-users of family planning (FP) methods and provide motivation at their homes, and examine the effects on acceptance of modern FP method.

**Methodology:** Motivation of non-users of FP method through targeted home visits was carried out as a component of the operations research intervention on Alternative Strategies for Delivery of MCH-FP Services (ASDS) tested in two sites of Dhaka city during January 1996-May 1997. This strategy was experimented to affect focused outreach activities, in place of door-to-door delivery of services, to attain maximum effectiveness within fund constraints. To assess the effects of the approach and acquire insights of the providers' and clients' perspectives, an evaluation was conducted during March-May 1997. The service records of the fieldworkers on the non-users of modern FP methods among slum and non-slum households were analyzed; 40 observations of fieldworker-women encounters were made, 48 in-depth interviews of the target clients, and in-depth interviews with the seven fieldworkers of the intervention sites were conducted.

**Results:** Despite a major change in the two-decade-old conventional service-delivery system relating to withdrawal of home distribution of contraceptives, target-specific home-based motivation resulted in the high acceptance of modern FP methods among the non-users. A third of the non-slum and a fourth of the slum non-users in one intervention area (at Hazaribagh), and little more than a fourth of both non-slum and slum non-users in another (at Gandaria) became acceptors of modern FP methods. The systematic approach of addressing the non-users developed in participatory workshops with the fieldworkers was found effective by both fieldworkers and target clients. The

changed role of the fieldworkers, from FP commodity suppliers to case-workers, resulted in more time allocated for motivation, and more effective need-based motivation and counselling.

**Conclusion:** Focused home visits for providing motivation to the target population led to higher effectiveness of programmes with fewer fieldworkers, hence with reduced costs. Although target-specific home-based motivation was applied for FP in this study, this approach may be adapted for other health programmes too.

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### Determinants of Infant and Child Mortality in Rural Bangladesh

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**Objective:** Examine the trends in and covariates of infant and child mortality in several rural areas of Bangladesh.

**Methodology:** Data on a cohort of 21,268 children born between 1983 and 1991 in three rural project sites were obtained from the longitudinal Sample Registration System (SRS) of the MCH-FP Extension Project (Rural) of ICDDR,B—now called Operations Research Project (ORP). The analysis followed the model specified in the extended analysis of the 1993-94 Bangladesh Demographic and Health Survey (BDHS) and was divided into three components: neonatal mortality, postneonatal mortality, and mortality between 12 and 23 months. Estimates of mortality differentials by sociodemographic characteristics were derived, using a life-table technique. Multivariate logistic regression procedures were also applied separately to include fixed and temporal characteristics of the newborn cohort. The mortality estimates were compared with those of the national-level (BDHS) extended analysis.

**Results:** Reduction in the rates of mortality of children aged less than five years was slightly more rapid at the ORP sites than in the country as a whole. Childhood mortality has been declining in the ORP areas since 1983, compared to the national average. Part of the decline can be attributed to increasing educational levels among parents, and changes in the length of birth interval associated with fertility decline.

**Conclusion:** The results of the study confirm the findings of other research work, showing that longer preceding birth intervals play a significant role in reducing child mortality. Of course, provision of primary health care services are associated with reduced risk. The data from the SRS in the ORP sites show a significant relationship between childhood immunization and reduced child mortality. Access to tubewell water was also associated with reduced mortality risk for young children.

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### An Assessment of Injecting Drug Users in Dhaka City: Need of Intervention for a Vulnerable Group

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**Objective:** Estimate the size, sociodemographic characteristics, risk perception, and behaviours of the injecting drug users (IDUs) as part of designing an appropriate risk-reduction intervention directed toward the IDUs in Dhaka city.