International Centre for Diarrhoeal Disease Research, Bangladesh
CENTRE FOR HEALTH AND POPULATION RESEARCH
Mail : ICDDR, B, GPO Box 128, Dhaka-1000, Bangladesh
Phone: 880-2-8811751-60, Telex : 642486 ICDD BJ
Fax : 880-2-8823116, 8812530, 8811568, 8826050, 9885657, 8811686, 8812529
Cable : Cholera Dhaka

Memorandum

10 April 2004

To : Dr. Abbas Bhuiya
Acting Director, Public Health Sciences Division, and
PI of research protocol # 2004-007

From: Professor AKM Nurul Anwar
Chairman
Ethical Review Committee (ERC)

Sub : Approval of research protocol # 2004-007

Thank you for your memo dated 6th April 2004 with the modified version of your research protocol # 2004-007 titled "Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples", which the ERC considered in its meeting held on 31st March 2004. The issues raised by the Committee on your research protocol have been addressed in the modified version of the protocol to the satisfaction of the Committee. Accordingly, the research protocol is approved.

You shall conduct the study in accordance with the ERC-approved protocol; and shall be responsible for protecting the rights and welfare of the study participants and compliance with the applicable provisions of ERC Guidelines. You shall also submit report(s) as required under ERC Guidelines.

Relevant excerpt of ERC Guidelines and '*Annual/Completion Report for Research Protocol involving Human Subjects*' are attached for your information and guidance.

I wish you all success in running the above-mentioned study.

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Cable : Cholera Dhaka

Memorandum

4 April 2004

To : Dr. Abbas Bhuiya
Acting Director, Public Health Sciences Division, and
PI of research protocol # 2004-007

From: Professor AKM Nurul Anwar
Chairman
Ethical Review Committee (ERC)

Sub : Research protocol # 2004-007

Thank you for your research protocol # 2004-007 titled "Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples", which the ERC considered in its meeting held on 31st March 2004. After review and discussion, the Committee made the following observations on the research protocol:

a) The protocol is addressing the family planning needs of couples having three or more living children. Literature review revealed the desired number of children among most couples at around 2.4. Present norm for a small family is having two children. Moreover, very small proportion of couples tend to go for the fourth child. Therefore, it has been felt that the study could also target the couples having more than two living children (instead of 3 or more) to get a wider view on family planning programmatic needs that could really help the couples for reducing their unintended/unplanned births. For instance, postpartum contraception needs and emergency contraception needs would have been identified for a higher proportion of the couples not intending to have even their third child. In fact, the couples with four children should be considered as very high parity couples while thinking about reinitiating fertility decline.

b) The numbers and types of the program personnel who would be interviewed in the study could be mentioned in the methodology section of the research protocol.

c) The investigators mentioned about an ongoing analysis of the situation with respect to the interventions and providing feedbacks to the programme. They could highlight some of the indicators to be used to monitor the implementation process of the intervention and could provide the monitoring tools. It is assumed that the investigators will be using some process indicators as well that could be mentioned in the protocol.

d) In the consent form, one sentence tells about- 'the number of children a couple produced over lifetime has been reduced to around 3.2 now from around 6 twenty /thirty years ago'. This sentence could be rephrased to make it more understandable to the respondents. It can be written as "*presently a couple in our country gives birth*

to around three children over their lifetime. Whereas, this rate was 6 twenty to thirty years back"

e) On the ERC Face Sheet, item # 2(e) should be marked "YES" instead of 'no'.

f) In the Bangla consent form, the word 'দাত্রী' should be replaced by the word 'দাতা'.

You are, therefore, advised to modify the protocol addressing the above issues and to submit the modified version of the protocol for consideration of the Chair.

Thank you once again.

Satisfactory changes are made in the revised version of the protocol.

Qnar

INTEROFFICE MEMORANDUM
ICDDR,B

TO: PROFESSOR AKM NURUL ANWAR
CHAIRMAN
ETHICAL REVIEW COMMITTEE

THRU: DIRECTOR (ACTING), PHSD

FROM: Abbas Bhuiya
PI Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples"

SUBJECT: Research Protocol # 2004-007

DATE: APRIL 6, 2004

This is with reference to your letter to me containing comments of the ERC on the above protocol. I am very pleased to inform you that we have been able to incorporate all the changes suggested by the Committee. I am providing below a description of the changes made.

a) **Inclusion of couples with two or more living children:** We have now included couples with two or more living children as our target group. Necessary changes have been made in the 'Attachment 1A - Abstract Summary" of the ERC form and also in the main proposal.
b) **No. and types of programme personnel to be interviewed:** Now mentioned in the subsection "Sample size" and "Selection of respondents" under the "Research Design and Methods" section.
c) **Inclusion of indicators to provide feedback to the programme personnel:** Now included in the subsection "Intervention to reach the high parity couples with family planning", page 8.
d) **Rephrasing a sentence in the consent form:** Done
e) **Checking "Yes" in item # 2(e) in the ERC face sheet:** Done
f) **Change in the Bangla consent form *Dhatri* to *Dhata*:** In fact the consent form does not have this word. We had used *dhatri* in the Bangla questionnaire, which is now changed to "dhata".

I hope you find the above acceptable.

Thanking you.

Attachment 1

Date: 23/3/04

(FACE SHEET)

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Principal Investigator: Abbas Bhuiya

Application No. 2004-007

Title of Study: Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

Trainee Investigator (if any): _____

Supporting Agency (if Non-ICDDR,B) USAID, Dhaka

Project Status: _____

[X] New Study

[ ] Continuation with change

[ ] No change (do not fill out rest of the 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) Minor or persons under guardianship — Yes (No)

2. Does the Study Involve:
   - (a) Physical risk to the subjects — Yes (No)
   - (b) Social risk — 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 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 the study — (Yes) No
   - (b) Procedures to be followed including alternatives used — (Yes) No
   - (c) Physical risk — (Yes) No
   - (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 parents or guardian (if subjects are minor) — 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 with 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
   - N.A. 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. Example 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 Committee for review

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

Abbas Bhuiya

Principal Investigator

Trainee

Attachment 1A

Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

Abstract Summary

Over the last two decades, Total Fertility Rate (TFR) in Bangladesh went through a phase of gradual decline from 5.1 in 1984 to 3.3 in 1994. Since 1994 the declining trend has been slowed down and remained static almost at the level of 1994. This has raised a serious concern among the various stakeholders for this implies a much higher population size for the country to stabilize than that anticipated earlier.

A review of the fertility related data of the last decade revealed that the desired number of children among couples remained static at 2.5 since 1994 with some preference for children of both sexes. Calculation shows that 75% of the couples should have at least one boy and one girl within three children. And a very small proportion of the remaining 25% would go for the fourth to have children of desired sex given the present norm of small family size of 2 to 3. Moreover, 92% of the couples with three living children or two living children with wife pregnant at the time of the data collection do not want additional children. Nevertheless the contraceptive use rates among these couples have been within the range of 45%-50% during the last six years. The above clearly indicates that there is a clear unmet need of effective family planning services among the couples with more than three children. According to the 1999-2000 BDHS, 30% of the total births took place among the couples with more than three living children. Thus, by addressing the family planning need of the couples even with more than two living children, the TFR can be reduced by 20-25% without much difficulty for the couples are already motivated to avoid these births. These groups of couples are also expected to be the logical candidates for the long-term family planning methods.

Keeping the above in mind this study sets out with the objectives of 1) identifying the demand and supply side barriers in enhancing the adoption of family planning methods among the high parity couples with two or more living children; 2) developing an intervention package to enhance the family planning use rate among the high parity couples; and 3) assessing the effect of the interventions on the adoption of family planning methods among the high parity couples.

The study will have three distinct phases: the first phase will include an analysis of situation in terms of demand and supply side factors and a baseline survey and development of a intervention package; the second phase will include implementation of the interventions; and the third phase will have an end-line survey to assess the effect of the intervention. The first phase activities will be carried out in three sites. The sites are: ICDDR,B site in Matlab in a limited scope (analyzing the existing data), Engenderhealth and NSDP sites. The existing data from the Matlab HDSS will be used at the first phase to understand factors related to use/non-use of FP methods by high parity couples. Engenderhealth and NSDP sites will include both rural and urban sites and will have all

the three phase of activities. One urban and one rural site will be selected to serve as comparison site. Both quantitative and qualitative data collection techniques will be used. The study will specifically assess the knowledge and perception of high parity men and women and of the programme personnel about the above methods through survey and other small-scale quantitative methods and some background information about the study area and general population. In-depth interviews will be carried out among the users (high parity) of the above methods to collect information about the process of their adopting the methods and level of satisfaction. Programme personnel will also be interviewed to know about the strategy they adopt in promoting these methods, process of delivery, follow-up services after delivering the services, and their opinion about the problems they faced in motivating the couples and ways of resolving them. Data on the various aspects of the service delivery facilities will also be collected from the service personnel. Data collection instruments will be pre-tested before finalization.

Information from the couples and service providers areas will be gathered. Data will be collected from male and female respondents by male and female interviewers respectively. The interviewing will be carried at the place of the respondents and no other individuals will be allowed to present during the interview. The respondents will be informed of the study objectives, the nature of data to be collected, time taken, their right to stop any time during the interview and not to answer any questions, no compensation, and about the possible benefit of the study beforehand. Informed verbal consent from the respondents will be taken before starting the interview. It will be entirely voluntary for an individual to participate in the study and an individual will have the right to discontinue participation at any time. Information provided by the respondents will be kept confidential and will be used only for research purposes. Data will be coded and entered into computer without the name of the respondents. The data will be reported only in an aggregated fashion and no individuals can be identified. The interviewing will take around 40 minutes time.

The data collected from the respondent are not sensitive in nature and do not involve any physical, social, psychological, social, legal or other risks.

The study findings will be very useful in improving the family planning service delivery to reinitiate fertility decline in Bangladesh.

ICDDR,B: Centre for Health & Population Research **RRC APPLICATION FORM**

RESEARCH PROTOCOL
Protocol No.

FOR OFFICE USE ONLY		
RRC Approval:	☐	☐Yes / ☐No Date:
ERC Approval:	☐Yes / ☐No Date:	
AEEC Approval:	☐Yes / ☐No Date:	

Project Title: Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

Theme: ***(Check all that apply)***

- ☐ Nutrition
- ☐ Emerging and Re-emerging Infectious Diseases
- ☒ Population Dynamics
- ☒ Reproductive Health
- ☐ Vaccine evaluation
- ☐ HIV/AIDS
- ☐ Environmental Health
- ☒ Health Services
- ☐ Child Health
- ☐ Clinical Case Management
- ☒ Social and Behavioural Sciences

Key words: **Total** fertility rate, stagnation, Bangladesh, high parity couples.

Relevance of the protocol:

Over the last two decades, TFR in Bangladesh went through a phase of gradual decline from 5.1 in 1984 to 3.3 in 1994 and after 1994 it remained static. This has raised a serious concern among the various stakeholders. A careful analysis of the available demographic data revealed that the desired number of children among couples also remained static at 2.5 since 1994 with some preference for children of both sexes. Calculation shows that 75% of the couples should have at least one boy and one girl within three children. And a very small proportion of the remaining 25% would go for the fourth to have children of desired sex given the present norm of small family size of 2 to 3. Moreover, 92% of the couples with three living children or two living children with wife pregnant at the time of the data collection do not want additional children. Nevertheless the contraceptive use rates among these couples have been within the range of 45%-50% during the last six years. The above clearly indicates that there is a clear unmet need of effective family planning services among couples with more than three children. According to the 1999-2000 BDHS, 30% of the total births are taking place among couples with more than three living children. Thus, by addressing the family planning needs of the couples with more than three living children or even more than two, the TFR can be reduced by 20-25% without much difficulty for the couples are already motivated to avoid these births. It is against this background that the proposal for the present study is made.

Programmes

- ☐ Child Health Programme
- ☐ Nutrition Programme
- ☐ Programme on Infectious Diseases & Vaccine Science
- ☒ Poverty and Health Programme
- ☒ Health and Family Planning Systems Programme
- ☒ Population Programme
- ☒ Reproductive Health Programme
- ☐ HIV/AIDS Programme

Principal Investigator: Abbas Bhuiya, Ph.D. **Division:** PHSD **Phone:** 8812914

Address: Social and Behavioural Sciences Unit **Email:** abbas@icddrb.org

Co-Principal Investigator(s): Kim Streatfield, Ph.D., HDSS, ICDDR,B
Abu Jamil Faisel, MBBS, DPM, MPH, Engenderhealth
Mizanur Rahman, Ph.D, NSDP

Co-Investigator(s): Abdur Razzaque, Ph.D, HDSS, ICDDR

Collaborating Institute(s): ICDDR,B
Engenderhealth
NSDP

Population: Inclusion of special groups (*Check all that apply*):

Gender
- ☒ Male
- ☒ Females

Age
- ☐ 0 – 5 years
- ☐ 5 – 9 years
- ☐ 10 – 19 years
- ☐ 20 – 64 years
- ☐ 65 +

- ☐ Pregnant Women
- ☐ Fetuses
- ☐ Prisoners
- ☐ Destitutes
- ☐ Service providers
- ☐ Cognitively Impaired
- ☐ CSW
- ☐ Others (specify: Married men and women of 15-49)
- ☐ Animal

Project / study Site (*Check all the apply*):
- ☐ Dhaka Hospital
- ☐ Matlab Hospital
- ☒ Matlab DSS area
- ☐ Matlab non-DSS area
- ☐ Mirzapur
- ☐ Dhaka Community
- ☐ Chakaria
- ☐ Abhoynagar
- ☐ Mirsarai
- ☐ Patyia
- ☐ Other areas in Bangladesh: Not decided yet
- ☐ Outside Bangladesh
  name of country: _____
- ☐ Multi centre trial
  (Name other countries involved)
  _____

Type of Study (*Check all that apply*):
- ☐ Case Control study
- ☐ Community based trial / intervention
- ☐ Program Project (Umbrella)
- ☐ Secondary Data Analysis
- ☐ Clinical Trial (Hospital/Clinic)
- ☐ Family follow-up study
- ☒ Cross sectional survey
- ☐ Longitudinal Study (cohort or follow-up)
- ☐ Record Review
- ☐ Prophylactic trial
- ☒ Surveillance / monitoring
- ☐ Others

Targeted Population (*Check all that apply*):
- ☒ No ethnic selection (Bangladeshi)
- ☐ Bangalee
- ☐ Tribal groups
- ☐ Expatriates
- ☐ Immigrants
- ☐ Refugee

Consent Process (*Check all that apply*):
- ☐ Written
- ☒ Oral
- ☐ None
- ☐ Bengali language
- ☐ English language

Proposed Sample size:

Total sample size: 1050 _____ ☐

Sub-group _____ ☐ _____ ☐

_____ ☐ _____ ☐

Determination of Risk: Does the Research Involve *(Check all that apply)*: None applicable

- ☐ Human exposure to radioactive agents?
- ☐ Fetal tissue or abortus?
- ☐ Investigational new device?
  (specify_____)
- ☐ Existing data available from Co-investigator
- ☐ Human exposure to infectious agents?
- ☐ Investigational new drug
- ☐ Existing data available via public archives/source
- ☐ Pathological or diagnostic clinical specimen only
- ☐ Observation of public behaviour
- ☐ New treatment regime

Yes/No

☒ ☐ Is the information recorded in such a manner that subjects can be identified from information provided directly or through identifiers linked to the subjects?

☐ ☒ Does the research deal with sensitive aspects of the subject's behaviour; sexual behaviour, alcohol use or illegal conduct such as drug use?

Could the information recorded about the individual if it became known outside of the research:

☐ ☒ a. place the subject at risk of criminal or civil liability?

☐ ☒ b. damage the subject's financial standing, reputation or employability; social rejection, lead to stigma, divorce etc.

Do you consider this research *(Check one)*:

- ☐ greater than minimal risk
- ☒ no more than minimal risk
- ☐ only part of the diagnostic test

Minimal Risk is "a risk where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical, psychological examinations or tests. For example, the risk of drawing a small amount of blood from a healthy individual for research purposes is no greater than the risk of doing so as a part of routine physical examination".

Yes/No

☐ ☒ Is the proposal funded?

If yes, sponsor Name:

Yes/No

☒ ☐ Is the proposal being submitted for funding?

If yes, name of funding agency: (1) USAID, Dhaka

Do any of the participating investigators and/or their immediate families have an equity relationship (e.g. stockholder) with the sponsor of the project or manufacturer and/or owner of the test product or device to be studied or serve as a consultant to any of the above?

IF YES, submit a written statement of disclosure to the Director.

Dates of Proposed Period of Support	Cost Required for the Budget Period ($)				
(Day, Month, Year - DD/MM/YY)	*a.*	*Ist phase*	*2nd phase*	*3rd phase*	*Other years*
Beginning date: 01/04/04		91,451	140,942	93,530	
End date: 30/09/06	*b.*	*Direct Cost :* 246,570			*Total Cost :* 325,472

Approval of the Project by the Division Director of the Applicant

The above-mentioned project has been discussed and reviewed at the Division level as well by the external reviewers. The protocol has been revised according to the reviewer's comments and is approved.

Abbas Bhuiya — Name of the Associate Director

Signature

11 March 2004 — Date of Approval

Certification by the Principal Investigator

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

Signature of PI

Date: 11/3/2004

Name of Contact Person (if applicable)

Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

Table of Contents

[X] Check here if appendix is included

Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

PROJECT SUMMARY: Describe in concise terms, the hypothesis, objectives, and the relevant background of the project. Describe concisely the experimental design and research methods for achieving the objectives. This description will serve as a succinct and precise and accurate description of the proposed research is required. This summary must be understandable and interpretable when removed from the main application. **(TYPE TEXT WITHIN THE SPACE PROVIDED).**

This study sets out with the objectives of 1) identifying the demand and supply side barriers in enhancing the adoption of family planning methods among the high parity couples with two or more living children; 2) developing an intervention package to enhance the FP use rate among the high parity couples; and 3) assessing the effect of the interventions on the adoption of family planning methods among the high parity couples. It is assumed that with improved knowledge of the FP methods and their sources, complemented with adequate attention by the service providers, in terms of side effects management, promotion of long-term methods, counseling the high parity couples and installation of an appropriate monitoring system, the use of family planning methods in general and long-term methods in particular can be enhanced to reduce TFR further. The study will have three distinct phases: the first phase will include an analysis of situation in terms of demand and supply side factors and a baseline survey and development of a intervention pacakge; the second phase will include implementation of the interventions; and the third phase will have an end-line survey to assess the effect of the intervention. The first phase activities will be carried out in three sites. The sites are: ICDDR,B site in Matlab in a limited scope (analyzing the existing data), Engenderhealth and NSDP sites. The existing data from the Matlab HDSS will be used at the first phase to understand factors related to use/non-use of FP methods by high parity couples. Engenderhealth and NSDP sites will include both rural and urban sites and will have all the three phase of activities. One urban and one rural site will be selected to serve as comparison site. Both quantitative and qualitative data collection techniques will be used. The study will specifically assess the knowledge and perception of high parity men and women and of the programme personnel about the above methods through survey and other small-scale quantitative methods. In-depth interviews will be carried out among the users (high parity) of the above methods to collect information about the process of their adopting the methods and level of satisfaction. Programme personnel will also be interviewed to know about the strategy they adopt in promoting these methods, process of delivery, follow-up services after delivering the services, and their opinion about the problems they faced in motivating the couples and ways of resolving them. Data on the various aspects of the service delivery facilities will also be collected from the service personnel. The study will be a joint venture of Engenderhealth (an NGO specialized in clinical family planning services), NSDP (NGO Service Delivery Porgramme) and ICDDR,B and will be of 30 months. Dissemination of the findings will be made among the policy makers, researchers, NGO leaders, mass media personnel, donors, and activist groups to generate correcting actions.

KEY PERSONNEL (List names of all investigators including PI and their respective specialties)

Name	Professional Discipline/ Specialty	Role in the Project
ICDDR,B		
1. Abbas Bhuiya, Ph.D.	Social Science/Demography/Statistics	Principal Investigator
2. Kim Streatfield, Ph.D.	Demography	Co-Principal Investigator
3. Abdur Razzaque, Ph.D.	Demography	Co-Investigator
Engenderhealth		
4. Abu Jamil Faisel, MBBS, DPM, MPH	Clinician/Programme	Co-Principal Investigator
NSDP		
5. Mizanur Rahman, Ph.D.	Demography/Evaluation	Co-Principal Investigator

DESCRIPTION OF THE RESEARCH PROJECT

Hypothesis to be tested:

Concisely list in order, in the space provided, the hypothesis to be tested and the Specific Aims of the proposed study. Provide the scientific basis of the hypothesis, critically examining the observations leading to the formulation of the hypothesis.

Hypotheses to be tested

The study envisages testing the following hypotheses in relation to interventions:

Situation analysis

A. There is a lack of appropriate knowledge about family planning methods and sources among the high parity couples with two or more living children;

B. Family planning workers do not have enough information about the high parity couples to make special efforts to increase contraceptive use among the high parity couples;

Effect of Intervention

C. Improved knowledge about the family planning methods especially of the clinical methods among the high parity couples, the family planning field workers, and the opinion leaders can develop a positive perception in the community about the methods and can led to high use rate;

D. Improved availability and quality of services by way of screening clients, managing side effects, controlling post-adoption infections, and physical facilities can lead to high and sustained use rate of the methods;

E. Quick feedback to the programme regarding performance of the programme in relation to process (knowledge, supply etc) and outcome (use of methods) indicators can lead to timely remedial action and improve use rate.

Specific Aims:

Describe the specific aims of the proposed study. State the specific parameters, biological functions/ rates/ processes that will be assessed by specific methods (TYPE WITHIN LIMITS).

Specific activities

The following will be done to help the service delivery programme to develop and/or improve the strategies to reach the high parity couples with long-term methods:

Situation analysis

1. Assessment of the level of knowledge (methods, mechanism of operation, side effects, sources) of the currently married high parity women and FP field workers about family planning methods with special emphasis on the injectables, Norplant, IUD, and sterilization;

2. Assessment of the perception of the currently high parity men and women and the family planning workers about the family planning methods and their advantages and disadvantages;

3. Assessment of the reasons for discontinuation of injectables and IUDs by the currently married high parity couples;

4. Assessment of the opinion of the currently married high parity men and women about ways of popularizing the family planning methods;

5. Assessment of the availability and accessibility of the family planning methods especially the injectables, IUD and sterilization in the community;

6. Assessment of the quality of the physical facilities to provide clinical methods in terms of rooms, furniture, equipments, infection control, drugs, privacy, and training and experience of the service providers;

Ongoing monitoring

7. Providing feedback to the programme on the achievements and gaps in terms of the above and increasing family planning use among the high parity couples;

Evaluation

8. Assessment of the impact of the modified service delivery programme on the use of family planning methods by the high parity couples and fertility rates.

Background of the Project including Preliminary Observations

Describe the relevant background of the proposed study. Discuss the previous related works on the subject by citing specific references. Describe logically how the present hypothesis is supported by the relevant background observations including any preliminary results that may be available. Critically analyze available knowledge in the field of the proposed study and discuss the questions and gaps in the knowledge that need to be fulfilled to achieve the proposed goals. Provide scientific validity of the hypothesis on the basis of background information. If there is no sufficient information on the subject, indicate the need to develop new knowledge. Also include the **significance and rationale** of the proposed work by specifically discussing how these accomplishments will bring benefit to human health in relation to biomedical, social, and environmental perspectives. **(DO NOT EXCEED 5 PAGES, USE CONTINUATION SHEETS).**

Background

Over the last two decades, TFR in Bangladesh went through a phase of gradual decline (The World Bank, 2003) from 5.1 in 1984 to 3.3 in 1994 (Mitra et al., 2001). Since 1994 the declining trend has been slowed down and remained static almost at the level of 1994 (Mitra et al., 2001). The situation in Matlab study site of ICDDR,B with more intensive family planning services than any other sites has not been of exception- TFR has been static at around 3 since 1994 (ICDDR,B, 2002). This has raised a serious concern among the various stakeholders for this implies a much higher population size for the country to stabilize than that anticipated earlier. Studies attempting to understand this plateauing of fertility has come up with various propositions, of them tempo effect, role of socioeconomic development and similar other broad factors were discussed. In most of the discussions the possible role of family planning programme which along with other factors contributed to the reduction TFR in the past (Barkat-e-Khuda et al., 2000; Van Ginneken and Razzaque, 2003) have been minimally discussed implying that family planning programmes may not have much to contribute in reducing the TFR further. It was also put forward that although sex preference does not have a strong effect on contraceptive use but the effect of sex preference on child bearing is becoming stronger as fertility decline (Bairagi, 2001). The effect of sex composition was stronger on desire for additional children than on contraceptive usage. In 1969, however, there was no consistent positive relationship between sex composition and contraceptive use. Among women of parities 2 to 4, an excess of daughters continued to have a major positive effect on desire for additional children, and a negative effect on contraceptive use, after controlling for other socio-

demographic variables. For parities 1, and 5 or above, the effect was either weak or inconsistent (Amin and Mariam, 1987).

It is against the above background that a careful review of the fertility related data during the last decade in Bangladesh has been made. It was revealed that the desired number of children among couples also remained static at 2.5 since 1994 with some preference for children of both sexes (Mitra et al., 1994; Mitra et al., 1997; Mitra et al., 2001). Calculation shows that 75% of the couples should have at least one boy and one girl within three children. And a very small proportion of the remaining 25% would go for the fourth to have children of desired sex given the present norm of small family size of 2 to 3. Moreover, 92% of the couples with three living children or two living children with wife pregnant at the time of the data collection do not want additional children (Mitra et al., 2001). Nevertheless the contraceptive use rates among these couples have been within the range of 45%-50% during the last six years. The above clearly indicates that there is a clear unmet need of effective family planning services among couples with more than three children. According to the 1999-2000 BDHS, 30% of the total births are taking place among couples with more than three living children. Thus, by addressing the family planning need of the couples with more than three or even more than two living children not wanting an additional one, the TFR can be reduced by 20-25% without much difficulty for the couples are already motivated to avoid these births. These groups of couples are also expected to be the logical candidates for the long-term family planning methods.

Now the question is why the couples with more than two living children have not been able to avoid these unwanted pregnancies? What the existing family planning programme can do to help these couples? Or in other words what are the barriers that the couples or the programme personnel have been facing to avoid these unwanted pregnancies? It is against this background that the proposal for this study, which has direct relevance to ESP, is made. This study is also a follow up of the earlier study on the explanation of fertility plateauing (Streatfield et al., 2002).

Situation of family planning use among the high parity couples

If one looks into the recent national trends of adoption of family planning methods it can be seen that the contraceptive prevalence rates among the couples of parity three and higher has been 43%, 47% and 48% during 1993-94, 1996-97 and 1999-2000 respectively (Mitra et al., 1994; Mitra et al., 1997; Mitra et al., 2001). During the same period the percentage of women with three or more living children not wanting an additional child was constant around 92% (Mitra et al., 1994; Mitra et al., 1997; Mitra et al., 2001). Of the methods used by them during 1999-2000 pill was in the top with 22%, tubectomy 11%, injectables 9%, and IUD, vasectomy, and Norplant each was below 2% (Mitra et al., 2001). These clearly indicate that there is a large unmet need of contraceptive methods among the couples with three or more children. An examination of the trends in the sterilization performance in Bangladesh revealed that a total of 552,167 sterilizations were performed during 1983-84. Of which 39% were vasectomy and 61% were tubectomy (Piet-Pelon, Rob and Khan, 1999).

Among the service providing agencies Engenderhealth has been working in 186 upazilas in 24 districts in collaboration with the government programme for quite sometime. Their work is concentrated in promoting the clinical methods (Norplant, IUD and sterilization) by way of ensuring availability of the methods in the existing service sites in addition to training of the service providers in the existing facilities. The promotional activities included dissemination of information at the service sites about the services and timing and at the community levels through inter-personal communication by the field workers. They also have been trying to involve the community leaders through workshops at the local level.

In relation to the availability of the methods and ensuring quality, Engenderhealth has been conducting planning and mapping workshops at the district and upazilla levels with the health and family planning officials, and other relevant people including NGO officials, community leaders, and journalists. These workshops draw local level action plans to improve quality of information and services, and strategies to reach eligible couples in the area.

Engenderhealth also provides the above services at special sites on request from the local family planning authority by a team of roving service providers. In case of need, they also provide training to the existing service providers and supportive supervisory services. Detail about the organization and their activities can be found at www.engenderhealth.org.

NSDP (NGO Service Delivery Programme) family planning service delivery follows cafeteria system where a client is told about all the methods, their advantages and side effects, if any, by using a chart to help the client to decide what methods to adopt. For high parity couples the suitability of the long-term methods is emphasized. NSDP through their 41 partner NGOs reaches around 3 million rural and urban couples with family planning services. Clinical services such as IUD, Norplant, injectables, and sterilizations are provided at the clinics, and the non-clinical methods are provided through depot holders in the rural areas. An incentive mechanism for the field workers in case of referring a client to a clinic is built into the system.

NSDP has been providing ESP including health and family planning services to approximately 20 million people in both rural and urban areas through 41 Bangladeshi NGOs. The services have been provided through 278 static clinics, 374 upgraded satellite clinics, 7906 satellite spots and 6370 depot holders. Three broad categories of staff members are involved in providing the services. They are: Managers (Project Directors, Clinic Managers, Project Manager and Field Managers); Service providers and counselors (doctors and paramedics at urban clinics and only paramedics in rural clinics); and Promotional staff (Senior Service Promoters (SSP) and Service Promoters (SP) at urban facilities, and Community Mobilizers (CM) at rural clinics form the promotional staff). The depot holders are actually volunteers from the community in the rural area. The promotional staffs motivate community members to utilize health services and promote the essential health services. They provide health services to the clients including clinical and non-clinical family planning methods. Counselors conduct counseling sessions with clients at the urban static facilities.

ICDDR,B services in Matlab, on the other hand, includes delivery of methods other than sterilization at the static facilities. Clients for sterilization are referred to Government facilities. Injectables and pills are the dominant methods in terms use rate in the ICDDR,B served area. No particular attention is placed on the high parity couples to popularize long-term methods.

Thus, currently there is no clear cut strategy to target the high parity couples to fulfill their family planning needs. It may however be mentioned that, the emphasis on the long-term methods to some extent may have been by default targeted to the high parity couples which seemed to be of not of much help in increasing family planning use among high parity couples. It is hoped that with some applied research to target the high parity couples the use of family planning methods, especially long-term methods, among the high parity couples can be increased. This in effect will reinitiate the declining trends in TFR in a short period of time.

Research Design and Methods

Describe in detail the methods and procedures that will be used to accomplish the objectives and specific aims of the project. Discuss the alternative methods that are available and justify the use of the method proposed in the study. Justify the scientific validity of the methodological approach (biomedical, social, or environmental) as an investigation tool to achieve the specific aims. Discuss the limitations and difficulties of the proposed procedures and sufficiently justify the use of them. Discuss the ethical issues related to biomedical and social research for employing special procedures, such as invasive procedures in sick children, use of isotopes or any other hazardous materials, or social questionnaires relating to individual privacy. Point out safety procedures to be observed for protection of individuals during any situations or materials that may be injurious to human health. The methodology section should be sufficiently descriptive to allow the reviewers to make valid and unambiguous assessment of the project. **(DO NOT EXCEED TEN PAGES, USE CONTINUATION SHEETS).**

Methods

The study will have three phases. The first phase of six months duration will include a situational assessment in terms of the demand and supply side factors to answer the research questions. On the basis of the findings during the first phase an intervention package will be developed. The second phase will include implementation of interventions to enhance the contraceptive use rate among the high parity couples and will last for 18 months. This phase will also include an ongoing analysis of the situation with respect to the interventions and providing feedbacks to the programme. The third phase will include an assessment of the effect of the programme on acceptance of the methods and age specific fertility rates. The duration of third phase will be six months.

The first phase activities will include an assessment of the knowledge and perception of currently married high parity men and women and of the programme personnel about the family planning methods in general with special emphasis on long-term methods. This will be done through survey and other small-scale qualitative methods. In-depth interviews will be carried out among the high parity users and non-users (both men and women) of the methods to collect information about the process of their adopting the methods and level of satisfaction. Data on history of family planning use and barriers/enablers in relation to family planning use with special attention to long-term methods will be gathered and compared between the users and non-users. Programme personnel will also be interviewed to know about the strategy they adopt in promoting family planning methods among the high parity couples, process of delivery, follow-up services after delivering the services, and their opinion about the problems they faced in motivating the couples and ways of resolving them. Data on the various aspects of the service delivery facilities will also be collected from the service personnel. Detail of the questionnaires for the survey and the in-depth interview guidelines to be adopted during the first phase will be developed after exploratory discussion with some high parity couples and service providers.

During the second phase, intervention activities developed on the basis of the findings from the first phase, will be implemented through Engenderhealth and NSDP. Close link between the research team and the programme will be maintained on a regular basis to identify the problems faced by the couples in getting the services and by the service providers in popularizing and providing the services. A mechanism will be introduced to monitor the programme performance in terms of disseminating the knowledge about the methods, contacting the high parity couples, and providing the services with an aim to provide quick feedback to the programme.

The third phase will include an evaluation of the interventions by applying quantitative and qualitative methods.

Study sites and design

The first phase of the study will be carried out in three sites, e.g. Engenderhealth, NSDP and in ICDDR,B side in Matlab. One urban and one rural site will be chosen to serve the purpose of comparison areas for all the intervention sites. The first phase activity in Matlab will also include analysis of the existing data.

The second phase activities - implementation of the intervention, will be done in the NSDP and Engenderhealth sites. The intervention sites will be from both urban and rural areas.

Pre- and post assessments in both intervention and comparison sites will be made and compared to assess the impact of the interventions.

Intervention to reach the high parity couples with family panning methods

The existing service delivery programme of Engenderhealth and NSDP will be adjusted on the basis of the findings from the situational analysis to increase the use rate of the long-term methods. An ongoing monitoring (to be developed in consultation with the programme managers) of performance of the interventions and regular feedback to the programme on the use rate, side effects experienced, reasons for discontinuation and the like will also be added as a component of the intervention. It is likely that the intervention will target the high parity couples to convince them to use FP methods especially long-term methods.

Variables

The following variables will be included in the baseline and the endline survey.

Knowledge about family planning methods

This will include hearing about the methods, description of the methods – injectables, surgery, implants etc., mode of action, side effects, and management of side effects.

Knowledge and opinion about the sources of the services

This will include knowledge about the sources where the services can be obtained from, how to get there, cost of the services, opinion about the facility and service providers, and distance from the service facilities.

Intention to use the services

This will include the opinion of the respondents whether they ever considered using the family planning methods and why. They will also be asked whether they consider using them in the future, motivation for this, when exactly, reasons for delay. For those who do not consider using them in the future, reasons for not considering.

Demographic and SES profile

Age of the respondents, education, occupation, land and articles owned, sources of income, number and sex of living children, births given during the 12 months preceding the surveys.

Family planning use

Current and past use of family planning methods, reasons for switching, method specific side effects experienced by the users, management of side effects, and sources of the methods used.

Sample size

The study incorporates a number of outcome variables with a wide variation in their prevalence. Since the primary purpose of the study is to increase the use of family planning methods among the high parity couples, contraceptive adoption rates among the high parity couples is used as outcome variable to

calculate sample size. The following assumptions were used in calculating minimum sample size needed in the intervention and comparison groups.

Baseline CPR
Intervention = 50%
Comparison = 50%
End line CPR at the end of 18 months
Intervention = 70%
Comparison = 55%

α=.05, 1-β=80%

Under the above assumptions a minimum of 175 high parity respondents will be needed in the intervention and comparison areas. Since there will be only one urban and one rural comparison area, the size of the comparison area sample will be 175 for urban and 175 for rural. Similarly for intervention sites the sample size needed for each of the sites will be 175 for urban and 175 for rural. Thus the total sample sizes for NSDP and Engenderhealth sites will be 350+350=700. In total 350+700=1050 will be needed to be included in the baseline as well as end line surveys. As the endline will only include the same respondents who participated in the baseline an increase of 10% in the sample size will be made to take care of lost respondents in between baseline and endline resulting in a total of 1155 respondents.

Fifteen high parity men and women will be included for in-depth interviewing from each site to know their opinion about the family planning methods. All the family planning and health workers in the study area will also be interviewed.

Selection of respondents
Wives of the high parity couples will be the respondents for the baseline and the endline surveys. Respondents will be randomly chosen from the list of eligible couples made during the early stage of the fieldwork. The same respondents will be interviewed during the endline survey. The respondents in the rural sites will be selected from a purposively selected union(s) where the NSDP/Ehngenderhealth service points are located. Similarly in the urban sites, the respondents will be selected from the purposively selected municipalities where the service points are located. Respondents for in-depth interviewing will also be randomly chosen. Opinion of high parity men and women about the family planning methods will be collected through in-depth interviews among 15 randomly selected men and women (either of the couples) in each site. All the health and family planning workers will be interviewed.

Methods of data collection
Data will be collected through cross sectional surveys using a questionnaire. In-depth interviewing will be carried out by using a guideline. Trained male and female interviewers will be used in data collection.

Data Analysis

Describe plans for data analysis. Indicate whether data will be analyzed by the investigators themselves or by other professionals. Specify what statistical softwares packages will be used and if the study is blinded, when the code will be opened. For clinical trials, indicate if interim data analysis will be required to monitor further progress of the study. **(TYPE WITHIN THE PROVIDED SPACE).**

Quantitative
Data will be coded and entered into computer. Necessary cleaning will be done before analysis. Frequency and cross-tabular analysis will be carried out. A comparison of the pre- and post intervention statistics will be made to assess the effect of the intervention.

- Qualitative

In-depth interview notes will be examined to identify various themes. Text will be sorted manually under each of the themes keeping the study objectives in mind. A narrative report on the basis of the in-depth interviews will be prepared.

Ethical Assurance for Protection of Human Rights

Describe in the space provided the justifications for conducting this research in human subjects. If the study needs observations on sick individuals, provide sufficient reasons for using them. Indicate how subject's rights are protected and if there is any benefit or risk to each subject of the study.

Information on high parity couples will be collected from the high parity couples. Informed verbal consent from the respondents will be taken before starting the interview. The respondents will be informed of the study objectives and the nature of data to be collected beforehand. It will be entirely voluntary for an individual to participate in the study and an individual will have the right to discontinue participation at any time. The respondents will also be informed that no compensation in kinds/cash will be provided for answering our questions. Information provided by the respondents will be reported only in an aggregated fashion and no individuals can be identified.

Use of Animals

No animals will be used in this study.

Literature Cited

Identify all cited references to published literature in the text by number in parentheses. List all cited references sequentially as they appear in the text. For unpublished references, provide complete information in the text and do not include them in the list of Literature Cited. There is no page limit for this section, however exercise judgment in assessing the "standard" length.

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1. Amin,R, A G Mariam, 1987, Son preference in Bangladesh: an emerging barrier to fertility regulation: J.Biosoc.Sci., v. 19, p. 221-228.

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8. Piet-Pelon N.J., Rob U, Khan ME. 1999. Men in Bangladesh, India and Pakistan: Reproductive Health Issues. Dhaka: Karshaf Publishers.

9. Streatfield P.K. et al. 2002. Plateauing of Bangladesh Fertility Decline. ICDDR,B: Protocol No. 2002-004.

10. The World Bank. 2003. World Development Indicators 2003. The World Bank, Washington DC, USA.
Ref Type: Report

11. Van Ginneken, Razzaque A, 2003, Supply and demand factors in the fertility decline in Matlab, Bangladesh in 1977-1999; European Journal of Population.2003; 19(1): 29-45.

Dissemination and Use of Findings

Describe explicitly the plans for disseminating the accomplished results. Describe what type of publication is anticipated: working papers, internal (institutional) publication, international publications, international conferences and agencies, workshops etc. Mention if the project is linked to the Government of Bangladesh through a training programme.

The study findings will be disseminated through seminars, conferences, and published media.

Collaborative Arrangements

Describe briefly if this study involves any scientific, administrative, fiscal, or programmatic arrangements with other national or international organizations or individuals. Indicate the nature and extent of collaboration and include a letter of agreement between the applicant or his/her organization and the collaborating organization. **(DO NOT EXCEED ONE PAGE)**

The study is a joint endeavour of the staff members from ICDDR,B, Engenderhealth, and NSDP. All the partners will participate in every stage of the study. The field site will include sites of the all the partner organizations, however, the intervention will be tested and evaluated at the Engenderhealth and NSDP sites. The implementation of the interventions will be done by the partner organizations.

Appendix - A

Budget Proposal for the year.....2004-2006 (30 months)
P.I. Name: Abbas Bhuiya
Protocol Title: Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples
Protocol #: 2004-007
Funding Source: USAID

Fund amount:

Operating		**246,570**
Indirect		**78,902**
Capital		**-**
Sub-contract		**-**
Total	US$	**325,472**

Amount in US$

Line Items	Phase 1 6 months	Phase 2 18 months	Phase 3 6 months	Total 30 months
1. Payroll and benefits:				
Personnel-local	43,554	49,335	44,904	137,793
Personnel-International	16,407	51,682	18,088	86,177
2. Travel and Transport:				
Travel-International		-	-	-
Travel-Local	4,520	3,616	3,164	11,300
3. General Operating Cost:				
Supplies, Utilities, Maintenance & Others	4,300	1,800	4,100	10,200
4. Training:				
Training Fees, Stipend, Transport etc.	-			-
5. Consultant:				
Consultant - Local & International: NIL	-			-
6. Other Direct Cost:				
Meeting, Printing, Service Charges, Other Contract	500	-	600	1,100
Total Operating Cost	**69,281**	**106,433**	**70,856**	**246,570**
Indirect Cost @32%	22,170	34,059	22,674	78,902
7. Capital Purchase:				
Furniture and Equipment - (items per unit costing $201and above)	-			-
8. Sub-Contract:	-			-
Total Programme Cost	**91,451**	**140,492**	**93,530**	**325,472**

1. Payroll and benefits:

a) Personnel-local

Sl.#	Name	Designation	Level	No.	% of Time	Man Months	level Rate	Phase 1 US$	Phase 2 US$	Phase 3 US$
	Dr. Abdur Razzaque	Assoc. Scientist	NOC	1	10%	30	1,391	835	2,629	920
	To be named	Coordinator	NOC	1	20%	30	1,391	1,669	5,258	1,840
	Tamanna Sharmin	Investigator	NOA	1	50%	30	768	2,304	7,258	2,540
	To be named	SSO	GS6	1	100%	30	620	3,720	11,718	4,101
	Akhteruzaman	RO	GS5	1	100%	6	471	2,826	8,902	3,116
	To be named	RO	GS5	1	100%	6	471	2,826		
	To be named	Research Asst.	GS4	3	100%	6	368	6,624		7,303
	To be named	Field Supervi.	GS4	3	100%	12	368	6,624		7,303
	To be named	Data Collector	GS3	6	100%	12	311	11,196		12,344
	To be named	Admin. Officer	GS5	1	70%	30	410	1,722	5,424	1,899
	Ayesha Begum	SDMA	GS4	1	50%	12	380	1,140	3,591	1,257
	To be named	DET	GS3	1	50%	8	311	622		686
	Liton Biswas	Driver	GS2	1	50%	30	272	816	2,570	900
	To be named	Office Attendant	GS1	1	50%	30	210	630	1,985	695
								-	-	-
	Total Personnel-local							**43,554**	**49,335**	**44,904**

** Local Personnel Rate have been calculated on average at step 5 of respective level to match compensation already receiving by institutional incumbents, in case recruited internally

b) Personnel-International

Sl.#	Name	Designation	Level	No.	% of Time	M Months	Monthly Rate	Phase 1 US$	Phase 2 US$	Phae 3 US$
6160-6	Abbas Bhuiya	Social Scientist	P5-03	1	20%	30	10,165	12,198	38,424	13,448
6172-1	Kim Streatfield	Head, HDSP	P5-07	1	5%	30	14,030	4,209	13,258	4,640
	Total Personnel-Intl.							**16,407**	**51,682**	**18,088**

Certification:
The payroll and benefits monthly rates shown above are in accordance with the present personnel policy and guidelines of the Centre

11/3/2004

Md. Bozlur Rahman
Manager, Budget & Costing
ICDDR,B: Centre for
Health & Population Research
Mohakhali, Dhaka-1212
Bangladesh

2. Travel and Transport:

Travel-International

a) Itinerary: Dhaka-Washington-Dhaka*			No. of days	No. of days
Particulars	**# of days**	**Rate**	**Phase 2 US$**	**Phase 3 US$**
Air-fare			-	-
Perdiem			-	-
Other Travel Expenses: (Visa fees, ground transport, transit allow., insurance etc.)				
Total			-	-
b) Itinerary:			No. of days	No. of days
Particulars	**# of days**	**Rate**	**2nd yr. US$**	**3rd yr. US$**
Air-fare				
Perdiem			-	-
Other Travel Expenses: (Visa fees, ground transport, transit allow., insurance etc.)				
Total			-	-
Total Travel-International			-	-

***For dissemination of research findings**

Travel-Local

Number of trips		**Phase 1**	**Phase 2**	**Phase 3**
	Land/Water	40	32	28
	Air			
	Total	40	32	28
Total travel days		120	96	84
Particulars	**Rate**	**Phase 1**	**Phase 2**	**Phase 3**
Fare - Land/Water transport	33	1,320	1,056	924
Fare - Air transport		-	-	-
Perdiem	25	3,000	2,400	2,100
Others-Fuel, Toll, Ferry	5	200	160	140
Total		**4,520**	**3,616**	**3,164**

3. General Operating Cost:

Supplies, Utilities, Maintenance & Others

Supplies & Materials	Phase 1	Phase 2	Phase 3
Office Supplies:			
Stationery*			
a. File folders, fastner	400	200	400
b. Envelope of different size	150	100	150
c. Paper for use in computer, duplicating, etc.	500	400	600
d. Pen, pencil, eraser, binder, sharpner	200	100	200
e. Diskette and CD	200	100	250
f. Different forms, registers	200	100	200
g. Stapler, pin, pin remover, etc.	200	100	200
Consumable goods			
Other Supplies:			
Consumable goods			
UPS (2 units)			
Stabilizer (1 unit)			
Tape recorder (3 nos.)	150		
Total	**2,000**	**1,100**	**2,000**

Rent, Utilities & Communication			
Rent (comparison site)	1,000		1,000
Utilities (Gas, electricity, WASA, water etc.)	300	75	300
Communication (Postage, telephone, one e-mail @ $30 per month, fax etc.)	500	125	300
Total	**1,800**	**200**	**1,600**

Repair & Maintenance			
Repair & maintenance of office equipment,computers, etc.	500	500	500
Total	**500**	**500**	**500**
Grand Total	**4,300**	**1,800**	**4,100**

* This is an estimate based on past experience. Exact information on stationary use per study such as this is not available in the Centre at present.

6. Other Direct Cost:

Meeting, Printing, Service Charges, Other Contract

Particulars	Phase 1	Phase 2	Phase 3
Seminar for dissemination at ICDDR,B auditorium 1/2 day	500		
Printing & Publication of 500 copies of <50 pages Working Paper			500
Other services (Library, audio-visual for preparation of publication)			100
Total	**500**	**0**	**600**

Appendix - B

আই সি ডি ডি আর, বি: সেন্টর ফর হেলথ এ্যান্ড পপুলেশন রিসার্চ

সম্মতি পত্র

প্রটোকল নম্বর: ২০০৪-০০৭

প্রটোকলের নাম : রিইনিশিয়েটিং ফারটিলিটি ডিক্লাইন ইন বাংলাদেশ বাই মিটিং দি নিড্স অফ হাই পেরেটি কাপল্স

প্রধান গবেষক: আব্বাস ভুইয়া, পিএইচ. ডি.
হেড, সোস্যাল এন্ড বিহেভিয়র‍্যাল সাইন্সসেস ইউনিট, পাবলিক হেল্থ সাইন্সেস ডিভিশন,আই সি ডি ডি আর, বি, মহাখালী, ঢাকা ১২১২। ফোনঃ ৮৮১২৯১৪

আস্সালামু আলাইকুম/ আদাব। আমি ঢাকার আইসিডিডিআর,বি (কলেরা হাসপাতাল) থেকে এসেছি। আমার নাম:----------। আপনি হয়তো জানেন, বর্তমানে একটি দম্পতি তাদের জীবনে প্রায় তিনটি সন্তান দিয়ে থাকে যা আজ থেকে বিশ/ত্রিশ বছর পূর্বে ছিল ৬টি। কিন্তু গত দশ বছর যাবৎ এই সংখ্যা ৩. ২ এ স্থিতিশীল রয়েছে। এ বিষয়টি নীতি প্রণয়ণকরীদের নিকট গভীর উদ্বেগের কারণ হয়ে দাড়িঁয়েছে কেননা এই স্থিতিশীলতার ফলশ্রুতিতে বাংলাদেশের ভবিষ্যত জনসংখ্যা আশাতীতভাবে বেড়ে যাবে। এই স্থিতিশীলতার কারণ অনুসন্ধানের জন্য আমরা এ গবেষণা কর্যক্রম হাতে নিয়েছি। এই গবেষণার তথ্য আপনার এলাকায়, সর্বোপরি দেশের সর্বত্র দম্পতিদের বিশেষতঃ যাদের দুইটির বেশী সন্তান আছে তাদের জন্য পরিবার পরিকল্পনা সেবার ফলপ্রসূতা উন্নয়নে সহায়তা করবে ।

আমাদের এই গবেষণায় তথ্য দিয়ে সহযোগিতা করার জন্য আপনাকে অনুরোধ করছি। আমাদের বেশীর ভাগ প্রশ্ন হবে নিম্নলিখিত বিষয়ভিত্তিকঃ

১. আপনার সন্তানের সংখ্যা, পরিবার পরিকল্পনা পদ্ধতি সম্বন্ধে আপনার জ্ঞান, পরিবার পরিকল্পনা পদ্ধতির ব্যবহার, এবং আপনার পরিবার পরিকল্পনা পদ্ধতি ব্যবহারের পার্শ্ব প্রতিক্রিয়ার অভিজ্ঞতা, ইত্যাদি;
২. পরিবার পরিকল্পনা সেবা সম্পর্কে আপনার জ্ঞান ও অভিজ্ঞতা এবং এ সম্পর্কিত অন্যান্য জ্ঞান;
৩. পরিবার পরিকল্পনা পদ্ধতি ব্যবহার না করার কারণ;
৪. আপনার পরিবারের আর্থ-সামাজিক অবস্থা।

এই তথ্য সংগ্রহ করতে সর্বোচ্চ ৪০ মিনিটের মত সময় দরকার হবে। এই কাজে অংশগ্রহণ করা আপনার জন্য সম্পূর্ণ ঐচ্ছিক। আপনার নিকট থেকে তথ্য নেওয়ার সময় যে কোন মুহূর্তে আপনি তথ্য দেওয়া বন্ধ করতে পারেন । যদি কোন তথ্য দিতে আপনার কোন আপত্তি থাকে বা আপনি তথ্য দিতে রাজী না থাকেন তবে উক্ত তথ্য প্রদানে বিরত থাকতে পারেন। আমি দুঃখিত যে এই কাজে সময় দেওয়া বা তথ্য প্রদানের বিনিময়ে আপনাকে কোন কিছু দেওয়ার কোন ব্যবস্থা নেই।

আমি আপনাকে এ নিশ্চয়তা দিচ্ছি যে, আপনার দেওয়া তথ্যের গোপনীয়তা আমরা রক্ষা করব। এই তথ্য গবেষণা ব্যতিত অন্য কোন কাজে ব্যবহার করা হবে না। এ তথ্যের ভিত্তিতে যে রিপোর্ট তৈরী হবে বা তথ্য উপস্থাপনা হবে তাতে আপনার কোন পরিচিতি উল্লেখ করা হবে না।

যদি এ সম্পর্কে আপনার কোন জিজ্ঞাসা থাকে তবে আমাকে বলতে পারেন, আমি আনন্দের সাথে উত্তর দিব। এ বিষয়ে আরও বিস্তারিত জানতে চাইলে, আপনি প্রধান গবেষকের সাথে যোগাযোগ করতে পারেন। যদি তথ্য প্রদানে আপনার অধিকার সম্পর্কে আপনার কোন জিজ্ঞসা থাকে তবে অনুগ্রহ করে মিঃ বিজয় সাহা, ই আর সি এস, আই সি ডি ডি আর, বি, মহাখালী, ঢাকা ১২১২ (ফোন: ৮৮১১৭৫১) সাথে যোগাযোগ করুন।

আপনি কি এই গবেষণা কার্যক্রমে তথ্য দিয়ে আমাদের সহযোগিতা করতে রাজী আছেন? হ্যাঁ/না

আপনার সহযোগিতার জন্য আপনাকে ধন্যবাদ।

তথ্য সংগ্রহকারীর স্বাক্ষরঃ---------- তারিখঃ----------

ICDDR,B: Centre for Health and Population Research

Informed Consent Form

Protocol Number: 2004-007

Protocol Title: Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

Principal Investigator: Abbas Bhuiya
Social and Behavioural Sciences Unit, Public Health Sciences Division, ICDDR,B, Mohakhali, Dhaka 1212, Phone: 8812914

Assalamualaikum/Adab (or other forms of appropriate greetings). I am from the ICDDR,B (Cholera hospital) in Dhaka. You may know that presently a couple in our country give birth to around three children over lifetime while it was six twenty to thirty years back. However, for the last 10 years this number has been static at around 3.2. This is a serious concern for the policy makers for it means a larger future population size for Bangladesh than that was anticipated. To understand the reasons for the stagnation of the number of children a couple might have during their life time we have undertaken this study. The information generated from this study will be used in improving the effectiveness of the family planning services in your area and elsewhere in the country to fulfill the needs of the couples especially those with more than two children.

I am requesting you to assist us by answering some questions. The questions will mostly be on the following issues:

1. number of children you have, knowledge about family planning methods, their use, and the side effects you might have experienced and the like;
2. your knowledge and experience about the available family planning services and other relevant issues;
3. reasons for non-use of family planning methods;
4. socioeconomic status of your household.

The interview will take at most 40 minutes. Providing information is absolutely voluntary. You may stop to provide information at any point of time during the interview. If you have any objection to provide any of the information or if you do not wish to answer any of the questions, you have the right to skip that particular question. I am sorry to mention that you will not be paid anything in cash or kind for assisting us by providing the information.

I am assuring you that we will maintain the confidentiality of the information you are providing to us. The information will not be used for any purposes other than this research. You will not be identifiable in any of the reports and/or presentations to be prepared on the basis of the information you will be providing.

If you have any questions regarding this I will be happy to answer. If you want to know more about the study you may contact the principal investigator. If you have any question about your right as a information provider in this study, you may contact Mr. Bijoy Shaha, Ethical Review Committee Secretariat, ICDDR,B, Mohakhali, Dhaka 1212 (Phone: 8811751)

Are you willing to assist us by answering the questions? Yes / No

Signature of data collector:_____ Date: _____

Appendix - D
Biography of the Principal Investigators

Give biographical data in the following table for key personnel including the Principal Investigator. Use a photocopy of this page for each investigator.

1 Name : Abbas Bhuiya

2 Present position : Senior Social Scientist

3 Educational background (last degree and diploma & training relevant to the present research proposal) : Demography/Statistics/Social Science

4. List of ongoing research protocols
(start and end dates; and percentage of time)

4.1. As PI/Co-PI

Projects	Starting date	End date	% of time
Poverty and Health	Nov 2001	June 2006	50
Bangladesh Health Equity Watch	Jan 2001	June 2004	10
Chakaria Community Health Project	Jan 1994	Dec 2004	5
National Nutrition Programme	Jan 2004	February 2004	5

5 Publications

Types of publications	Numbers
a) Original scientific papers in peer-review journals	30
b) Peer reviewed articles and book chapters	5
c) Papers in conference proceedings	30
c) Letters, editorials, annotations, and abstracts in peer-reviewed journals	2
d) Working papers	20
b) Monographs/Books	2

6 Five recent publications including publications relevant to the present research protocol

1. Bhuiya A. Inequity in health: let's not live with it. *Journal of Health Population and Nutrition*, (Editorial), vol. 23:165-167, 2003.
2. Bhuiya A. Sharmin T. and Hanifi S.M.A. Nature of domestic violence against women in a rural area of Bangladesh: implication for preventive interventions. *Journal of Health Population and Nutrition*, vol. 21, 2003.
3. Bhuiya A. and Chowdhury M. Beneficial effects of a woman-focused development programme on child survival: evidence from rural Bangladesh. *Social Science and Medicine*, vol. 55, 2002.
4. Bhuiya A., Ribaux C. and Eppler P. Community-led primary healthcare initiatives: Lessons learned from a project in rural Bangladesh. In J Rohde and J Wyon (eds.) Community-Based Health Care: Lessons from Bangladesh to Boston. Boston: Management Sciences for Health. 2002.
5. Bhuiya A., Aziz A., and Chowdhury M. Ordeal of women for induced abortion in a rural area of Bangladesh. *Journal of Health, Population and Nutrition*, Vol. 19, 2001.

Appendix - E

Reinitiating Fertility Decline in Bangladesh by Meeting the Needs of High Parity Couples

Respondent's identity

Name of household head:		
Respondent's identity in household:	Household number:	Village:
Union:	Study area: Engenderhealth----1 NSDP----------2 Control----------3	Rural-Urban: urban------1 rural-------2

Data collection

Data collector:	Date of data collection:
Status of data collection: Completed; Others:	
Re-interview: yes---1 no---2	Status of re-interview:

Data processing

Personnel	Date of edit/check	Signature	Remarks:
Supervision			
Edit/code			
Data entry			

ICDDR,B: Centre for Health and Population Research

Informed Consent Form

Protocol Number: 2004-007

Protocol Title: Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

Principal Investigator: Abbas Bhuiya, Ph.D.
Social and Behavioural Sciences Unit, Public Health Sciences Division, ICDDR,B, Mohakhali, Dhaka 1212, Phone: 8812914

Assalamualaikum/Adab (or other forms of appropriate greetings). I am from the ICDDR,B (Cholera hospital) in Dhaka. You may know that the number of children a couple produced over lifetime has been reduced to around 3.2 now from around 6 twenty/thirty years ago. However, for the last 10 years this number has been static at around 3.2. This is a serious concern for the policy makers for it means a larger future population size for Bangladesh than that was anticipated. To understand the reasons for the stagnation of the number of children a couple might have during their life time we have undertaken this study. The information generated from this study will be used in improving the effectiveness of the family planning services in your area and elsewhere in the country to fulfill the needs of the couples especially those with more than two children.

I am requesting you to assist us by answering some questions. The questions will mostly be on the following issues:

1. number of children you have, knowledge about family planning methods, their use, and the side effects you might have experienced and the like;
2. your knowledge and experience about the available family planning services and other relevant issues;
3. reasons for non-use of family planning methods;
4. socioeconomic status of your household.

The interview will take at most 40 minutes. Providing information is absolutely voluntary. You may stop to provide information at any point of time during the interview. If you have any objection to provide any of the information or if you do not wish to answer any of the questions, you have the right to skip that particular question. I am sorry to mention that you will not be paid anything in cash or kind for assisting us by providing the information.

I am assuring you that we will maintain the confidentiality of the information you are providing to us. The information will not be used for any purposes other than this research. You will not be identifiable in any of the reports and/or presentations to be prepared on the basis of the information you will be providing.

If you have any questions regarding this I will be happy to answer. If you want to know more about the study you may contact the principal investigator. If you have any question about your right as a information provider in this study, you may contact Mr. Nijoy Shaha, Ethical Review Committee Secretariat, ICDDR,B, Mohakhali, Dhaka 1212 (Phone: 8811751)

Are you willing to assist us by answering the questions? Yes / No

Signature of data collector:__ __ __ __ __ Date: __ __ __ __

1. Respondent: Couples with more than two children

Name:	101. age in years:	102. date of marriage:

103. education type: none---0 secular---1 not secular----3	104. class passed:

105. main occupation (where max time spent):	106. sale of menial labout last year (in days):

NGO membership →	107. brac yes---1 no---2	108. grameen Bank yes---1 no---2	109. proshika yes---1 no---2	110. others yes---1 no---2
Date of joinning →				

2. Respondent's husband

Name:	201. age in years:	202.usual residence: same union---1 out site of union---2

203.education type: no---0 secular---1 not secular----3	204. class passed:

205. main occupation (where max time spent):	206. sale of menial labout last year (in days):

3. Ownership of assets (household or any member)

301. almirah yes....1 no....2	302. table/chair yes....1 no....2	303. watch/clock yes....1 no....2	304. choki/khat yes....1 no....2	305. radio yes....1 no....2	306. television yes....1 no....2

307. electricity yes....1 no....2	308. telephone yes....1 no....2	309. motorcycle yes....1 no....2	310. bicycle yes....1 no....2	311. main occup of hhh

312. roof material of main dweling	Land ownership → (use local unit)	313. homestead	314. cultivated	315. not -cultivated

316. sale of menial labout last year (in days):	317. status of annual earning (AE) & annual consumption(AC): AE>AC--------1 AE=AC--------2 AE<AC-------3

4. Knowledge and opinion about the sources of family planning services

401. do you know where you can get family planning services in your community? yes....1 no....2 → 501

name of service centre →	402		403		404	
distance from home, travel cost	405. distance	406. cost	407. distance	408. cost	409. distance	410. cost
services providing in this centre and their cost	411. service	412. cost	413. service	414. cost	415. service	416. cost
	417. service	418. cost	419. service	420. cost	421. service	422. cost
	423. service	424. cost	425. service	426. cost	427. service	428. cost
Did you take any services from this centre ?	429 yes....1 no.....2 → 460		430 yes....1 no.....2 → 460		431 yes....1 no.....2 → 460	
434. what are those and their cost?	432. service	433. cost	444. service	445. cost	446. service	447. cost
	448. service	449. cost	450. service	451. cost	452. service	453. cost
	454. service	455. cost	456. service	457. cost	458. service	459. cost

460. why?	461	462	463

5. Knowledge about the family planning methods

501. do you know, we can prevent pregnancy: temporarily---1 permanently---2 do not know ----3 ——▶

What are those? (do not probe)							
Temporary	502	503	504	505	506	507	508
Permanent	509	510	511	512	513	514	515

Ask respondent about the following methods

Methods	Have you ever heard?	What are the side effects of this method?	How these side effects can be manged?
female sterilization	yes....1 no....2		
male sterilization	yes....1 no....2		
pill	yes....1 no....2		
IUD	yes....1 no....2		
injections	yes....1 no....2		
Implants/norplants	yes....1 no....2		
condom	yes....1 no....2		
menstrual regulation	yes....1 no....2		
safe period	yes....1 no....2		
withdrawal	yes....1 no....2		
lactational amenorrhea method	yes....1 no....2		
any other methods that can be used to avoid or dealy pregnancy?			

6. Past pregnancy history

who planned? Self.....1 Husband.....2 Both...3 did not plan...4			pregnancy outcome Live birth...1 → 607 Still birth...2 Spont. abortion.....3 Induced abortion....4				death	
601. preg. order	602. who	603. date of conception	604. outcome	605. date	606. Sex	607. currently alive?	608. date	609. cause
1					m...1 f.....2	yes....1 no....2 na...9		
2					m...1 f.....2	yes....1 no....2 na...9		
3					m...1 f.....2	yes....1 no....2 na...9		
4					m...1 f.....2	yes....1 no....2 na...9		
5					m...1 f.....2	yes....1 no....2 na...9		
6					m...1 f.....2	yes....1 no....2 na...9		
7					m...1 f.....2	yes....1 no....2 na...9		
8					m...1 f.....2	yes....1 no....2 na...9		
9					m...1 f.....2	yes....1 no....2 na...9		
10					m...1 f.....2	yes....1 no....2 na...9		

check the following with the above table

total pregnancy	*total live birth:*	*total still birth*	*Total abortion*	*number of children currently alive*	*number of children died*

7. Use of family planning methods

701. have you ever planned to avoid or delay pregnancy after marriage? yes....1 no....2 [stop interviewing]

Please mention the methods

702. sequence of methods used	date		705. methods	706. source	side effects experienced		709. why you choose this method?
	703. start	704. end			707. what type	708. how you managed.	
1							
							Why you switched to this method? →
2							
3							
4							
5							
6							
7							

Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

Listing form : Couples with more than two children

Name of woman	Selection criteria			Women identity				
	Age in years	Given live birth during last 1 year	Total number of children currently alive	Name of Husband	Name of HH head	Bari	Village	Union
		yes ...1 no.....2						
		yes ...1 no.....2						
		yes ...1 no.....2						
		yes ...1 no.....2						
		yes ...1 no.....2						
		yes ...1 no.....2						
		yes ...1 no.....2						
		yes ...1 no.....2						
		yes ...1 no.....2						
		yes ...1 no.....2						

Name of data collector:_____ Date of data collection:_____

Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

In-depth Interview Guideline

Respondent : men/women age<45 years and 3+ children (user and non-user)

1. background information of respondent and spouse including age, occupation, education, marriage history (previous marriage if any), residence, earning source.

2. marriage history (number of marriage), pregnancy and its outcome (live birth, still birth, and abortion), number of living sons and daughters, opinion about ideal family size, opinion about the education/employment of children

3. have you planned not to get pregnant after having two children? If planned what happened. If not planned why not. Is the 3rd child unwanted or unplanned? was there any one who advice you to use family planning methods or not to be pregnant after having two children? Who? What did you do? Are you currently using family planning methods? If not, why? Have you plan to use in future? When?

4. history of family planning methods use, compare user and non-user in relation to the use of different methods, their side effects and management, satisfaction of different methods used, barriers in getting family planning methods or using family planning methods.

Respondent : programme personnel (government and non-government family planning workers)

1. background information including sex, age, education, residence (far or near from the work place), training, experience, job satisfaction.

2. strategy adopted to reach high parity couples, experience in relation to this, case history (if any about this), support (work and community)

3. process of delivery services, barriers in delivering services, follow-up of clients (they use or not, side effects, management of side effects, problem faced by the clients from family members, discussion with colleagues and supervisor about difficulties faced)

4. difficulties faced motivating high parity couples, case history (if any).

Appendix - F

EVALUATION FORM

Title: Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

Summary of Referee's Opinions:

	Rank Score		
	High	Medium	Low
Quality of project	✓		
Adequacy of project design	✓		
Suitability of methodology		✓	
Feasibility within time period	✓		
Appropriateness of budget			
Potential value of field of knowledge	✓		

CONCLUSIONS

I support the project proposal

a) without qualification	✓
b) with qualification	
c) on technical grounds	
d) on level of financial support	

I do not support the project proposal

Name of Referee:

Date: 17 January 2004

Position: Director (Research)

Institution: National Institute of Population Research and Training (NIPORT)

Detailed Comments : (Please use additional page if necessary.)

This study has policy relevance and tries to explore the unmet need of high parity couples. This joint venture study will help to improve the service delivery program and strategies.

The present estimated sample size may not be sufficient to assess discontinuation of injectables, norplant, IUD and sterilization. More elaboration of the analysis plan especially for quantitative data is needed. Simple comparison of the pre and post intervention statistics may not be helpful in achieving different objectives. The issue of replication in the health of population sector program is very important aspect and need to be considered in developing the interventions.

Please briefly provide your opinions of this proposal, giving special attention to the originality and feasibility of the project, its potential for providing new knowledge and the justification of financial support sought; include suggestions for modifications (scientific or financial) where you feel they are justified.

(Use additional pages if necessary)

Title: Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

Please briefly provide your opinions of this proposal, giving special attention to the originality and feasibility of the project, its potential for providing new knowledge and the justification of financial support sought; include suggestions for modifications (scientific or financial) where you feel they are justified.

Title: Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

As the government and the collaborative organizations working for improving the family planning service delivery lack any definite strategy to target the high parity couples to fulfill their family planning needs, the research proposed on " Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples" will certainly provide some insights to the program mangers in improving the family planning service delivery for older or high parity women at reproductive age. The rationale behind opting for such a project has been ably supported by the data.

Although the research project has mentioned its time duration, it has not allocated the total time for three different phases of the project. Certainly, the time duration of the intervention phase is very decisive in providing necessary feedback to the ongoing programs.

The activities of the situation analysis have been elucidated, but the strategies are not clearly defined. The intervention phase that has been outlined in the proposal is not adequately represented. The type of intervention and how the intervention will be given is not stated in the proposal.

Although the proposal has delineated the method of collecting information/data from female respondents, it is clearly short of selecting the male respondents regarding their exact representation in the survey study. Who are going to be surveyed - the husbands of female respondents or the community people?

It is mentioned that first phase will include a case-control type sub-study with high parity couples currently using FP as cases and non-users as controls. Will the cases be selected from intervention sites and the controls from controls site?

The study will be a comparison between end line and baseline survey. Will it interview the same person in the baseline and end line? -

The study is designed to interview the program personnel, but it has not identified the specific level of program personnel. Moreover, interventions for the program personnel have not been cited. The proposal has also fallen short of addressing the program managers.

Thus there requires more work to overcome these limitations to make the proposal a better sounding on

EVALUATION FORM

Title: Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

Summary of Referee's Opinions:	Rank Score		
	High	Medium	Low
Quality of project		✓	
Adequacy of project design		✓	
Suitability of methodology			✓
Feasibility within time period			✓
Appropriateness of budget			
Potential value of field of knowledge	✓		

CONCLUSIONS

I support the project proposal

a) without qualification	
b) with qualification	✓
c) on technical grounds	✓
d) on level of financial support	

I do not support the project proposal

Appendix - G

Work Plan

Phase	Activities	2004							NOV 2004 – MAR 2006	2006					
		APR	MAY	JUN	JUL	AUG	SEP	OCT		APR	MAY	JUN	JUL	AUG	SEP
1	**Situational assessment study**														
	Interview family planning programme personnel														
	In-depth interview														
	Data analysis														
	Listing couples 3+children														
	Training of data collectors														
	Baseline survey														
2	**Intervention**														
	Developing intervention activities														
	Implementing intervention														
3	**Evaluation of intervention**														
	End line survey														
	Data analysis														
	Report writing and dissemination														

Reinitiating fertility decline in Bangladesh by meeting the needs of high parity couples

Social and Behavioural Sciences Unit, Public Health Sciences Division
ICDDR,B, Mohakhali, Dhaka 1212

উত্তর-দাতার পরিচিতি	
স্টাডি সাইট: এনজেন্ডারহেল্‌থ-১ এন এস ডি পি-২ কন্ট্রোল-৩	
পল্লী/শহর: পল্লী-১ শহর-২	
ইউনিয়ন:	
গ্রাম:	
খানা প্রধানের নাম:	
খানা নম্বর:	
খানায় উত্তর-দাতার সদস্য নম্বর:	

তথ্য সংগ্রহ ও ব্যবস্থাপনা		
তথ্য সংগ্রহকারী:		
তথ্য সংগ্রহের তারিখ:		
সুপারভিজরের স্বাক্ষর:		
কোডিং এসিস্ট্যান্ট:		
কোডিং তারিখ:		
ডাটা এন্ট্রি টেকনিশিয়ান:		
ডাটা এন্ট্রি তারিখ:		

আই সি ডি ডি আর, বি: সেন্টর ফর হেলথ এ্যান্ড পপুলেশন রিসার্চ

সম্মতি পত্র

প্রটোকল নম্বর: ২০০৪-০০৭

প্রটোকলের নাম : রিইনিশিয়েটিং ফারটিলিটি ডিক্লাইন ইন বাংলাদেশ বাই মিটিং দি নিড্‌স অফ হাই পেরেটি কাপল্‌স

প্রধান গবেষক: আব্বাস ভুইয়া, পিএইচ. ডি.
হেড, সোস্যাল এন্‌ড বিহেভিয়র‍্যাল সাইন্সসেস ইউনিট, পাবলিক হেল্‌থ সাইন্সেস ডিভিশন,আই সি ডি ডি আর, বি, মহাখালী, ঢাকা ১২১২। ফোনঃ ৮৮১২৯১৪

আস্‌সালামু আলাইকুম/আদাব। আমি ঢাকার আইসিডিডিআর,বি (কলেরা হাসপাতাল) থেকে এসেছি। আমার নাম:---------- । আপনি হয়তো জানেন, বর্তমানে একটি দম্পতি তাদের জীবনে ৩.২ টি সন্তান দিয়ে থাকে যা আজ থেকে বিশ/ত্রিশ বছর পূর্বে ছিল ৬টি। কিন্তু গত দশ বছর যাবৎ এই সংখ্যা ৩. ২ এ স্থিতিশীল রয়েছে। এ বিষয়টি নীতি প্রণয়ণকরীদের নিকট গভীর উদ্বেগের কারণ হয়ে দাড়িঁয়েছে কেননা এই স্থিতিশীলতার ফলশ্রুতিতে বাংলাদেশের ভবিষ্যত জনসংখ্যা আশাতীতভাবে বেড়ে যাবে। এই স্থিতিশীলতার কারণ অনুসন্ধানের জন্য আমরা এ গবেষণা কর্যক্রম হাতে নিয়েছি। এই গবেষণার তথ্য আপনার এলাকায়, সর্বোপরি দেশের সর্বত্র দম্পতিদের বিশেষতঃ যাদের দুইটির বেশী সন্তান আছে তাদের জন্য পরিবার পরিকল্পনা সেবার ফলপ্রসূতা উন্নয়নে সহায়তা করবে ।

আমাদের এই গবেষণায় তথ্য দিয়ে সহযোগিতা করার জন্য আপনাকে অনুরোধ করছি। আমাদের বেশীর ভাগ প্রশ্ন হবে নিম্নলিখিত বিষয়ভিত্তিকঃ

১. আপনার সন্তানের সংখ্যা, পরিবার পরিকল্পনা পদ্ধতি সম্বন্ধে আপনার জ্ঞান, পরিবার পরিকল্পনা পদ্ধতির ব্যবহার, এবং আপনার পরিবার পরিকল্পনা পদ্ধতি ব্যবহারের পার্শ্ব প্রতিক্রিয়ার অভিজ্ঞতা, ইত্যাদি;
২. পরিবার পরিকল্পনা সেবা সম্পর্কে আপনার জ্ঞান ও অভিজ্ঞতা এবং এ সম্পর্কিত অন্যান্য জ্ঞান;
৩. পরিবার পরিকল্পনা পদ্ধতি ব্যবহার না করার কারণ;
৪. আপনার পরিবারের আর্থ-সামাজিক অবস্থা।

এই তথ্য সংগ্রহ করতে সর্বোচ্চ ৪০ মিনিটের মত সময় দরকার হবে। এই কাজে অংশগ্রহণ করা আপনার জন্য সম্পূর্ণ ঐচ্ছিক। আপনার নিকট থেকে তথ্য নেওয়ার সময় যে কোন মূহুর্তে আপনি তথ্য দেওয়া বন্ধ করতে পারেন । যদি কোন তথ্য দিতে আপনার কোন আপত্তি থাকে বা আপনি তথ্য দিতে রাজী না থাকেন তবে উক্ত তথ্য প্রদানে বিরত থাকতে পারেন। আমি দুঃখিত যে এই কাজে সময় দেওয়া বা তথ্য প্রদানের বিনিময়ে আপনাকে কোন কিছু দেওয়ার কোন ব্যবস্থা নেই।

আমি আপনাকে এ নিশ্চয়তা দিচ্ছি যে, আপনার দেওয়া তথ্যের গোপনীয়তা আমরা রক্ষা করব। এই তথ্য গবেষণা ব্যতিত অন্য কোন কাজে ব্যবহার করা হবে না। এ তথ্যের ভিত্তিতে যে রিপোর্ট তৈরী হবে বা তথ্য উপস্থাপনা হবে তাতে আপনার কোন পরিচিতি উল্লেখ করা হবে না।

যদি এ সম্পর্কে আপনার কোন জিজ্ঞাসা থাকে তবে আমাকে বলতে পারেন, আমি আনন্দের সাথে উত্তর দিব। এ বিষয়ে আরও বিস্তারিত জানতে চাইলে, আপনি প্রধান গবেষকের সাথে যোগাযোগ করতে পারেন। যদি তথ্য প্রদানে আপনার অধিকার সম্পর্কে আপনার কোন জিজ্ঞসা থাকে তবে অনুগ্রহ করে মিঃ বিজয় সাহা, ই আর সি এস, আই সি ডি ডি আর, বি, মহাখালী, ঢাকা ১২১২ (ফোন: ৮৮১১৭৫১) সাথে যোগাযোগ করুন।

আপনি কি এই গবেষণা কার্যক্রমে তথ্য দিয়ে আমাদের সহযোগিতা করতে রাজী আছেন? হ্যাঁ/না

আপনার সহযোগিতার জন্য আপনাকে ধন্যবাদ।

তথ্য সংগ্রহকারীর স্বাক্ষরঃ তারিখঃ

উত্তর-দাতার আর্থ-সামাজিক বৈশিষ্ট্য

নাম:		প্রধান পেশা (যে পেশায় বেশী সময় দেয়):	

বয়স (বছর):	
বিয়ের সাল:	
ক্লাশ পাশ:	
শিক্ষার ধরণ:	শিক্ষা নেই-০ আধুনিক-১ ধর্মীয়-২

এনজিও/সমিতির নাম	সদস্য কিনা?	সদস্য হওয়ার সন/মাস
ব্র্যাক	হ্যাঁ-১ না-২	
গ্রামীন ব্যাংক	হ্যাঁ-১ না-২	
অন্যান্য	হ্যাঁ-১ না-২	

উত্তর-দাতার স্বামীর আর্থ-সামাজিক বৈশিষ্ট্য

বয়স (বছর):	
ক্লাশ পাশ:	
শিক্ষার ধরণ:	শিক্ষা নেই-০ ধর্মীয়-১ আধুনিক-২
সচরাচর আবাস: স্ত্রী যে ইউনিয়নে থাকে সেই ইউনিয়নে-১ অন্য ইউনিয়নে-২	
প্রধান পেশা (যে পেশায় বেশী সময় দেয়):	

উত্তর-দাতার খানার বৈশিষ্ট্য

নিম্নলিখিত জিনিসগুলো খানায় বা খানার যে কোন সদস্যের আছে কিনা?

আলমিরা	হ্যাঁ-১ না-২	
টেবিল/চেয়ার	হ্যাঁ-১ না-২	
চকি/খাঁট	হ্যাঁ-১ না-২	
মোটর সাইকেল	হ্যাঁ-১ না-২	
বাই-সাইকেল	হ্যাঁ-১ না-২	
লেপ-তোষক	হ্যাঁ-১ না-২	

ঘড়ি	হ্যাঁ-১ না-২	
রেডিও	হ্যাঁ-১ না-২	
টেলিভিশন	হ্যাঁ-১ না-২	
বিদ্যুত সংযোগ	হ্যাঁ-১ না-২	
ফোন	হ্যাঁ-১ না-২	
সেলাই মেশিন	হ্যাঁ-১ না-২	

খানায় জমির মালিকানা

জমির ধরণ	পরিমাণ (এলাকার একক)	পরিমাণ (শতক)
বসতবাড়ী		
পুকুর		

জমির ধরণ	পরিমাণ (এলাকার একক)	পরিমাণ (শতক)
আবাদী		
অনাবাদী		

খানার অর্থনৈতিক বৈশিষ্ট্য

গত ১ বছরে খানা সদস্যগণ কতদিন দিনমজুরী দিয়েছে?		
প্রধান বসত ঘরের ছাদঁ কি দিয়ে তৈরী?		
গত ১ বছরের আয় ও ব্যয়:	আয়>ব্যয়-1 আয়=ব্যয়-2 আয়<ব্যয়-3	

তথ্য সংগ্রহের দিন থেকে গত এক বছরের মধ্যে খানার আয় ও আয়ের উৎসের নাম

ক্রমিক নম্বর	আয়ের উৎসের নাম	উপার্জন কারীর খানা সদস্য নং	উত্তর-দাতার সাথে সম্পর্ক	আয়ের পরিমান (টাকায়)
১				
২				
৩				
৪				

৪. এলাকায় অবস্থিত পরিবার পরিকল্পনা সেবা সম্পর্কে উত্তর-দাতার জ্ঞান ও অভিমত

৪০১. আপনি জানেন কি, আপনার এলাকায় কোথায় পরিবার পরিকল্পনা(পপ) সেবা পাওয়া যায়? হ্যাঁ-১ না-২ → ৫০১

সেবা কেন্দ্রের নাম →	১	২	৩
৪০২. বাড়ী থেকে এ কেন্দ্রের দূরত্ব			
৪০৩. এ কেন্দ্রে যে সব পপ সেবা দেওয়া হয় তার নাম ও দাম			
৪০৪. এ কেন্দ্র থেকে কিভাবে পপ সেবা পাওয়া যায়?			
৪০৫. এ কেন্দ্র থেকে আপনি কতবার পপ সেবা নিয়েছেন?	কখনও নেইনি-০ → ৪০৭	কখনও নেইনি-০ → ৪০৭	কখনও নেইনি-০ → ৪০৭
৪০৬. এ কেন্দ্র থেকে যে সব পপ সেবা নিয়েছেন তার নাম ও দাম			
৪০৭. এ কেন্দ্র থেকে কেন পপ সেবা নেননি?			
৪০৮. ভবিষ্যতে এ কেন্দ্র থেকে কোন পপ সেবা নিবেন কি?	হ্যাঁ-১ → ৪১০ না-২	হ্যাঁ-১ → ৪১০ না-২	হ্যাঁ-১ → ৪১০ না-২
৪০৯. ভবিষ্যতে এ কেন্দ্র থেকে পপ সেবা কেন নিবেন না?			
৪১০. এ কেন্দ্রের পপ **সেবা** সম্পর্কে আপনার অভিমত কি?			
৪১১. এ কেন্দ্রের পপ সেবাদান **কর্মী** সম্পর্কে আপনার অভিমত কি?			

৫. পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে জ্ঞান

৫০১. আপনি জানেন কি, কিছু পদ্ধতি আছে যা ব্যবহার করে আমরা দেরীতে গর্ভ নিতে পারি অথবা গর্ভ পরিহার করতে পারি? হ্যাঁ -১ না-২ ⟶ ৫০৩	

৫০২. কি কি পদ্ধতি (উত্তর-দাতা নিজ থেকে যে সব পদ্ধতির নাম বলবেন ঐগুলোতে '১' কোড করুন)

মহিলা বন্ধ্যাকরন ০ ১	বড়ি ০ ১	কপার টি ০ ১	কন্ডম ০ ১	নিরাপদকাল ০ ১
পুরুষ বন্ধ্যাকরন ০ ১	ইনে্জকশন ০ ১	ইমপ্লান্টস/নর-প্লান্টস ০ ১	এম আর ০ ১	আযল ০ ১

৫০৩. নিম্নে বর্ণিত প্রত্যেকটি পদ্ধতি সম্পর্কে আলাদাভাবে পদ্ধতির ডান পাশে লিখিত প্রশ্নগুলো জিজ্ঞাসা করুন।

পদ্ধতির নাম	এ পদ্ধতির নাম কখনও কি শুনেছেন?	এটা কোন ধরণের পদ্ধতি?	এ পদ্ধতির পার্শ্ব প্রতিক্রিয়া কি?	এই পদ্ধতির পার্শ্ব প্রতিক্রিয়া হলে কি করতে হয়?
মহিলা বন্ধ্যাকরন	হ্যাঁ-১ না-২	অস্থায়ী-১ স্থায়ী-২		
পুরুষ বন্ধ্যাকরন	হ্যাঁ-১ না-২	অস্থায়ী-১ স্থায়ী-২		
বড়ি	হ্যাঁ-১ না-২	অস্থায়ী-১ স্থায়ী-২		
কপার টি	হ্যাঁ-১ না-২	অস্থায়ী-১ স্থায়ী-২		
ইনে্জকশন	হ্যাঁ-১ না-২	অস্থায়ী-১ স্থায়ী-২		
ইমপ্লান্টস/নর-প্লান্টস	হ্যাঁ-১ না-২	অস্থায়ী-১ স্থায়ী-২		
কন্ডম	হ্যাঁ-১ না-২	অস্থায়ী-১ স্থায়ী-২		
এম আর	হ্যাঁ-১ না-২	অস্থায়ী-১ স্থায়ী-২		
নিরাপদকাল	হ্যাঁ-১ না-২	অস্থায়ী-১ স্থায়ী-২		
আযল	হ্যাঁ-১ না-২	অস্থায়ী-১ স্থায়ী-২		
আপনার জানামতে অন্য কোন পদ্ধতি থাকলে বলুন যা ব্যবহার করে গর্ভ দেরীতে নেওয়া যায় বা গর্ভ পরিহার করা যায়:				

৬. সন্তান

বর্তমানে জীবিত আছে এমন সন্তানের সংখ্যা	ছেলে:	মেয়ে:

(তথ্য সংগ্রহের দিন থেকে) গত ১ বছরের মধ্যে কোন সন্তান জন্ম হয়েছে কিনা? হ্যাঁ-১ না-২ ⟶ ৭০১		বয়স(মাস):

৭. পরিবার পরিকল্পনা পদ্ধতির ব্যবহার

৭০১. বিয়ের পর আপনি কখনও গর্ভ পরিহার করতে বা দেরীতে গর্ভ নিতে চেয়েছিলেন? হ্যাঁ-১ না-২ → ৭০৩

৭০২. **গর্ভ পরিহার করতে বা দেরীতে গর্ভ নিতে কি কি পদ্ধতি ব্যবহার করেছেন তা বিস্তারিত বলুন ।**

তারিখ		পদ্ধতির নাম	পদ্ধতির উৎস	পার্শ্ব প্রতিক্রিয়া		কেন এই পদ্ধতি নিয়েছেন বা এ পদ্ধতিতে সুইচ করেছেন?	কেন কোন পপ পদ্ধতি ব্যবহার করেননি
আরম্ভ	শেষ			কি কি ছিল	তা ভাল হওয়ার জন্য কি করেছিলেন		
বিয়ে থেকে ১ম সন্তান গর্ভধারণ করার পূর্বে							
১ম							
২য়							
৩য়							
১ম সন্তান থেকে ২য় সন্তান গর্ভধারণ করার পূর্বে							
১ম							
২য়							
৩য়							
২য় সন্তান থেকে ৩য় সন্তান গর্ভধারণ করার পূর্বে							
১ম							
২য়							
৩য়							

৩য় সন্তান থেকে ৪র্থ সন্তান গর্ভধারণ করার পূর্বে

১ম							
২য়							
৩য়							
৪র্থ							

৪র্থ সন্তান থেকে ৫ম সন্তান গর্ভধারণ করার পূর্বে

১ম							
২য়							
৩য়							
৪র্থ							

৭০৩. আপনাকে পরিবার পরিকল্পনা পদ্ধতি গ্রহণ করতে কেউ উদ্বোদ্ধ করেছিলেন কি? হ্যাঁ-১ না-২ → ৭০৫		৭০৪. কে (ব্যক্তি/প্রতিষ্ঠান)?	
৭০৫. ভবিষ্যতে আপনার পরিবার পরিকল্পনা পদ্ধতি গ্রহণ করার ইচ্ছা আছে কি? হ্যাঁ-১ না-২ → ৭০৭			
৭০৬. কেন দেরী করে পপ পদ্ধতি নিচ্ছেন ?			
৭০৭. ভবিষ্যতে কেন আপনার পপ পদ্ধতি গ্রহণ করার ইচ্ছা নেই?			