Date 21 December, 1981

ETHICAL REVIEW COMMITTEE, ICDDR,B.

29

Principal Investigator Makhlisur Rahman

Application No. 81-054(P)

Title of Study Determinants of Areal Variation in Contraceptive Practices in Bangladesh

Trainee Investigator (if any) _____

Supporting Agency (if Non-ICDDR,B) _____

Project status:
( ) New Study
( ) Continuation with change
( ) No change (do not fill out rest of form)

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

1. Source of Population:
   (a) Ill subjects — Yes (No)
   (b) Non-ill subjects — (Yes) No
   (c) Minors or persons under guardianship — Yes (No)
2. Does the study involve:
   (a) Physical risks to the subjects — Yes (No)
   (b) Social Risks — Yes (No)
   (c) Psychological risks to subjects — Yes (No)
   (d) Discomfort to subjects — Yes (No)
   (e) Invasion of privacy — (Yes) No
   (f) Disclosure of information damaging to subject or others — Yes (No)
3. Does the study involve:
   (a) Use of records, (hospital, medical, death, birth or other) — (Yes) No
   (b) Use of fetal tissue or abortus — Yes (No)
   (c) Use of organs or body fluids — Yes (No)
4. Are subjects clearly informed about:
   (a) Nature and purposes of study — (Yes) No
   (b) Procedures to be followed including alternatives used — (Yes) No
   (c) Physical risks — Yes (No)
   (d) Sensitive questions — Yes (No)
   (e) Benefits to be derived — Yes (No)
   (f) Right to refuse to participate or to withdraw from study — (Yes) No
   (g) Confidential handling of data — Yes No
   (h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure — (Yes) No
5. Will signed consent form be required:
   (a) From subjects — (Yes) No
   (b) From parent or guardian (if subjects are minors) — Yes (No)
6. Will precautions be taken to protect anonymity of subjects — (Yes) No
7. Check documents being submitted herewith to Committee:
   ___ Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies).
   ✓ Protocol (Required)
   ✓ Abstract Summary (Required)
   ✓ Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)
   ✓ Informed consent form for subjects
   NA Informed consent form for parent or guardian
   ✓ Procedure for maintaining confidentiality
   ___ Questionnaire or interview schedule *

* If the final instrument is not completed prior to review, the following information should be included in the abstract summary:
1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
2. Examples of the type of specific questions to be asked in the sensitive areas.
3. An indication as to when the questionnaire will be presented to the Cttee. for review.

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

Principal Investigator

Trainee

81-054(P)
Rec'd: 24.12.81

SECTION I -- RESEARCH PROTOCOL

1. Title: Determinants of Areal Variation in Contraceptive Practices in Bangladesh

2. Principal Investigator: Makhlisur Rahman

3. Co-investigator: None

4. Starting Date: February, 1982

5. Completion Date: July, 1982

6. Total Direct Cost: US$ 2,964

7. Scientific Program Head:

This protocol has been approved by the Community Services Research Working Group.

*Signature of Scientific Program Head: _____

Date: 21/12/81

*This signature implies that the Scientific Program Head takes responsibilities for the planning, execution and budget for this particular protocol.

8. Abstract Summary:

This is a complementary study to a broader protocol No. 80-042 "The Community Health Services Project, Matlab" (MCHSP). The main objective of this study is to investigate the factors associated with the observed inter-village variation in contraceptive practices, so as to enable the programme administrators and policy-makers to improve or modify their strategy of motivation and education for the success of the country's health and population control programme in general and the MCHSP in particular.

The study will be conducted in two phases. Phase-I will investigate the relationship, if any, between acceptance of contraceptives, including other health interventions, and characteristics of village and female village workers. Phase-II will investigate the relationship between acceptance of contraceptives and characteristics of baris and eligible women (currently married women, aged 15-44 years) in the baris.

Coding, editing and processing of data will be completed in Dacca. Final analysis of data and write-up will be done in the Australian National University (ANU), Canberra as a part of the principal investigator's Ph.D. thesis work.

Most of the logistic support for this study will come from the MCHSP protocol. Incremental cost for this study will be mostly in terms of printing of questionnaire forms, stationeries, etc.

9. Reviews: (leave blank)

(a) Ethical Review Committee: _____

(b) Research Review Committee: _____

(c) Director: _____

(d) BMRC: _____

(e) Controller/Administrator: _____

ABSTRACT SUMMARY - PARTICULAR ITEMS

1. Not applicable.

2. Not applicable.

3. Not applicable.

4. Analysis of the data will be in aggregate. There is no scope to distinguish individual characteristics or responses after the data are collected and the results published in aggregate.

5. A consent form prepared in vernacular will be read to any respondent. The respondent will either sign or put his/her left thumb impression on the form (Appendix "A").

   (a) Not applicable.

   (b) Not applicable.

   (c) Not applicable.

6. Interview will be conducted at the house of the respondent. In case of male respondent interview will be done by male interviewer and in case of female by female interviewer. Each interview will vary from 20 minutes to 45 minutes depending on the questionnaire.

7. The study will help improve strategies to reach the individuals with contraceptives and other health services being introduced or planned to introduce in the study area.

8. The study will use the Matlab demographic surveillance data and data from the socio-economic survey to be conducted in early 1982.

PROCEDURE TO MAINTAIN CONFIDENTIALITY

All the subjects will have identification numbers (Census Numbers) which will be most often used instead of names used only in the homes at the time of interview. The female health assistants will interview females and male health assistants will interview males. The investigator of the study will carefully handle the completed questionnaires till the data will be entered into card columns or computer tapes. All the staff who will be handling the data are trained, responsible and well aware of the confidentiality of information. No personal characteristics will be distinguished after the results are published in aggregate.

SECTION II - RESEARCH PLAN

A. INTRODUCTION

1. Objective: The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) has been conducting a village-based contraceptive distribution programme in a rural area of Bangladesh since 1975. From the beginning of the programme a phenomenal clustering of acceptors in some villages, resulting in a wide inter-village variation in contraceptive practices, has been observed. The present study proposes an investigation of the factors associated with this inter-village variation in contraceptive practices, so as to enable the programme administrators and policy-makers to improve or modify their strategy of motivation and education for the success of the country's population control programme.

2. Background: Bangladesh is the eighth most populous country in the world, with an estimated population of 90 million as of 1980 and a growth rate of 2.6 percent per annum (Hong, 1980). The necessity of controlling population growth as a pre-requisite for achieving the country's developmental goals was seriously recognised as early as 1965 when a large-scale national family planning programme was initiated. However, the National Impact Survey conducted in 1968 revealed that while the family planning message had reached a large proportion of the population, there had been little success in promoting family planning practice. Thus while 64 per cent of married women of reproductive age reported during the survey that they had heard about some method of family planning and 55 per cent expressed a desire to cease child-bearing, only 3.3 per cent were found using modern contraceptives (Sirageldin et al., 1975). Similar dissonance between reported desire and actual practice was noted by other recent surveys, both national and regional. A crucial hypothesis underscored by these studies was that lack of general availability of modern contraceptives was the major constraint to programme success.

In order to test this hypothesis, the ICDDR,B initiated a contraceptive distribution programme (CDP) in its field surveillance area at Matlab in rural Bangladesh in late 1975[1]. This involved the free distribution of oral pills and condoms on a house-to-house basis to half the population (130,000) of the field surveillance area. The remaining half of the population served by the regular government programme was kept to serve as comparison group. 154 lady village workers (LVW) of ICDDR,B were trained to work as distributors and depot-holders of contraceptives. The LVWs were usually elderly village women, many of them were widows and illiterate. For ten to 12 years they had been making daily home visits to collect information on births, deaths, marriages and migrations, and detect diarrhea cases in their respective assigned villages. One LVW was responsible for 1,000 population or about 200 families in the neighbourhood of her residence.

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[1] Useful description of this project and its impact appeared in Huber and Khan, 1979; Rahman et al., 1980.

The initial results of the CDP were encouraging. Within 3 months following the initial distribution, the percentage of married women of reproductive age currently using contraceptives rose from a base-line level of 1 per cent to about 18 per cent. However, this was about half of the expected point-prevalence demand assessed by the bench-mark KAP survey. More importantly, only 37.6 per cent of the acceptors sustained use for one year and barely over 26 per cent continued use for two years. The rate of recruitment of new acceptors also fell from 25 per cent in the first 3 month period to about 2 per cent in a corresponding period in the remaining part of the year. As a result, the current use rate came down below 12 per cent in the second year of the programme. The reasons identified as responsible for the programme deterioration were: availability of limited choice of contraceptive methods, experience of side-effects, inadequate medical back-up, and limitations of the illiterate and low social status LVWs to counsel on method use and side-effects. Introduction of injectable contraceptives (DMPA) in 6 village on trial basis lead to an increase in all method contraceptive practice to 20 per cent in 4 month period, with a 14 per cent of pill users switching to injectables (Huber and Khan, 1979). Thus a hypothesis emerged from the CDP which holds that better educated, better trained and supervised village workers using more methods, more intensive follow-up and referral would serve the latent demand for contraception more effectively than the CDP.

This hypothesis led to substantial modification in the field structure and programme activities of the original CDP in late 1977, after just two years of its operation. The modified CDP introduced a cadre of better educated and better trained female village workers (FVW), backed by strong supervision and technical staff in 70 villages (population 80,000) to provide family planning and selected health services[1]. The modified CDP population was drawn equally from the original distribution and comparison villages. Eighty FVWs were recruited from the locality, each one to serve a population of about 1,000 in the neighbourhood of her residence. The FVWs were young married women with a minimum of seven years education. They initially received one-month training in human reproduction and fertility control technology. Subsequently in weekly sessions they had been given in-service training in maternal and child nutrition, tetanus toxoid immunization and oral rehydration for diarrhea. Four sub-centres staffed by better qualified para-medics were set-up to provide treatment for side-effects, IUD insertions and menstrual regulations. At the central Matlab rural health centre, staff were trained for provision of male and female sterilization and for selected health services, both supportive for contraceptive acceptors and for general maternal and child care.

The effect of the modified CDP was a prompt and continuing rise in contraceptive use-prevalence. Current use rate rose rapidly to about 32 per cent in the first year and thereafter reached what appeared to

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[1] Detailed description of modified CDP appeared in Bhatia et al., 1980.

be a platean level of 33 per cent in the second year of the programme. Continuation rates improved significantly owing to the wider acceptance of more permanent methods (IUD, Depo-provera, and sterilization) and more intensive follow-up and referral services. The project has continued to maintain the 33 percent use-prevalence rate from 1978 to the present. Preliminary analysis indicates that by 1979 the project area fertility was 25 per cent lower than comparison area rates (Phillips et al., 1981).

Findings from the Matlab project thus suggest that there exists latent demand for contraceptives in rural areas of Bangladesh, that this demand can be met by user oriented programme with a wide choice of methods, skilled counselling, rigorous follow-up and care of side-effects, and that a fertility decline ensues once the demand is met. However, the findings also suggest that a limit is soon reached in the magnitude of effectiveness from this type of programme, and that this is below the level of effectiveness that is required to produce fertility reduction to a replacement level targeted under the country's current developmental plan. It is also evident from a stable use-prevalence rate for over three years that the programme is unlikely to be able to generate new or additional demand sufficient to meet the country's fertility reduction goal.

At issue then is how to increase the effectiveness of the present programme. One important observation of the Matlab project is that acceptors tend to cluster geographically, producing a wide inter-village variation in contraceptive practice. Under the original CDP, use rates reached above forty percent level in some village, while they remained below one percent level in others. The variation did not improve dramatically under the modified CDP with a more unified cadre of trained workers and availability of a full range of contraceptive methods. Thus although there had been an over all increase in contraceptive use rates over time, there still remained significant of inter-village variation. As many as 26 per cent of villages reached a current use rate of above fifty percent by 1979, while more than 27 per cent still remained below 30 per cent level.

One way of increasing the effectiveness of the present programme thus seems to be to replicate the conditions of high acceptance villages in the low acceptance villages. Obviously, all and every condition can not be replicated. This calls for identification of some amenable variables which, in broad terms, is the central concern of this study.

Research Problems and Hypotheses

Areal variation in contraceptive practice has received little attention by the researchers and policy-makers of Bangladesh, probably for the reasons that contraceptive use rates are low across the regions and that cross-community variation in socio-economic standing is minimal. Differential use due to socio-economic status (e.g., education, occupation and income) as reported by some studies (Stoeckel and Chowdhury, 1969;

Chowdhury, 1976; Ministry of Health and Population Control, 1978) was assumed to be mainly due to lack of general availability of contraceptives. However, evidence from the Matlab Contraceptive Distribution Project suggests pronounced inter-village variation in contraceptive practice. Given the house hold distribution of contraceptives by the project, the question is: why should use rates differ among a population which appear to be so homogeneous in its geo-cultural environment? This is, in broad terms, the major problem of the present study.

One probable answer to this question is that villages differ in their socio-economic environments which are wrongly assumed to be uniform by macro-level planners and administrators. As a matter of fact, villages have their own sub-cultural environment. Some villages are predominantly agricultural, while some are predominantly fishing communites. Some villages have exclusively Muslim population, some have exclusively Hindus, and still there are villages which contain both Hindus and Muslims. More importantly, some villages seen able to solve their problems while other can not. Some villages are unable to stop the river from flooding the corn field every year — while other villages build an earthern dam to hold back the river. More generally, some villages seem able to ride with the punch of modernisation while others can not.

But the most important thing to mention in this context is that for the past three or four decades village life in Bangladesh is in the process of change (Khan, 1967; Zaidi, 1970; Arthur and McNicoll, 1978). The pattern of this change relates, principally, to two main factors — decline of agricultural economy and impact of village development programmes. The main reason for a decline of agriculture economy in recent years is the increase of population. At each successive generation there is an increase in the number of people dependent on a given amount of land. As a result of this, employment in the village gradually changes. At first, the family land of the cultivators becoming no longer sufficient to support the households, the young men hire themselves as agricultural servants with other farmers and the older men start working as agricultural labour with large land houlders for a wage. Next, employment shifts from agricultural employment to traditional non-agricultural employment, such as sale of vegtables, fire wood, roof thatching, hawk in village, and the like. Since the demand for these services in the village is limited, the population ultimately enters specific urban occupations, usually factory workers, unskilled day labourers and menials in the nearest towns and cities.

With the decline of agricultural economy and resultant transition of occupational pattern, social organisations in the village are increasingly becoming less effective and to that extent life is becoming estranged from traditional meaning and values. Villagers, inspite of their backwardness and ignorance, have become aware of the differences between their life situation and those of the people in the towns and cities. At the same time recent attempts by government for village development, agricultural

improvement, and adult education seem to have brought a realisation among the villagers that their fortune could be improved. As a consequence of this awareness there seems to have occurred some relaxation of the traditional fatalism in the sense that now-a-days not only is there a desire for change but also a certain feeling that change is possible.

However, this positive attitude towards change, which in the family planning literature is considered conductive to contraceptive acceptance, has not developed equally among all villages and social strata. One probable reason is that urban occupation is not equally accessible to all villages. Another reason seems to be that all villages could not be benefited equally from the government development programmes. Villages with internal solidarity, modern leadership, and relation with high ranking officials enjoyed the lion share of the benefits. As a result, villages developed differentially with regards to the infra-structure, the economic structure, local government, health, education, religion and communication.

A tentative list of all these social and economic infra-structure variables to be investigated by the present study is given in the methodology section of this proposal. The hypothesis is that villages with modern leadership and higher incidental exposure to modernisation will have higher contraceptive use rates. Incidental exposure to modernisation is expressed by accessibility to towns and cities, propertion of people in urban occupation, proportion of literate people in the village and existance of social infra-structure (health and family planning clinics, school to the eighth grade, post office, police post, community centre, youth club, mothers club, and market) in the immediate vicinity of the village.

The second probable answer to the question of inter-village variation in contraceptive practice is that villages differ in providing institutional support to contraceptive acceptance. A certain informal institutional frame work exists in every village. This is variously called as Panchayet, Samaj, Biradari or Samiti (Bertoei, 1969; Islam, 1974; Aziz, 1979). This sets the pattern of their nutual relationship as groups within the village and also for interaction of individuals within the village and between one village and another. Besides the general village social organisation, in each village there may be discovered a sub-system of organisations which regulate the life of sub-groups in the village. This sub-group affiliation becomes quite sharp when individuals are faced with a choice-situation, as in accepting a new practice or innovation. As regards acceptance of contraceptive, the most crucial group seems to be bari, the lowest social group next to an individuaal household group.

Physically, a bari in Bangladesh is characteristically composed of mud and bamboo dwellings, arranged in retangular fashion around one or more

courtyards, flanked by subaidiary buildings such as cooking shed, cow sheds, and the like. Within this physical unit there lives a group of households, the basis for which is patrilineal extended family, but sometimes also includes matrilateral and afinal kinsmen. The bari acts as a source of collective security for its members and also as a guardian of moves of the members.

Anecdotal evidence suggests that contraceptive use is often the result of bari decision: when one woman of a bari decides to use oral pills, for example, several others of the bari do so. However, a disadvantage of this clustering of users is that when one discontinues use due to some side-effect of the method, other appear to follow her (Rahman et al., 1979). But what seems to be more important is the observation that in every village there are certain baris which tend to accept any innovation earlier than others. A recent study (Rahman et al., 1981) reports that the acceptors of tetanus immunization, being provided by the ICDDR,B, came mostly from those baris which also accepted contraceptives and oral therapy for diarrhea. A comparison of acceptors and non-acceptors of immunization showed little difference between the two groups in terms of socio-demographic characteristics, such as age, number of living children, education, occupation, and religion. This indicates how the decision by a bari may supersede the individual potentiality of accepting an innovation.

Given the above observation, it seems plausible to hypothesise that the inter-village variation in contraceptive practice is the result of disproportionate allocation of innovative baris and variation in size of these baris in different villages. The size of a bari is important not only for the reason that the number of potential adopters depends on size, but also for the reason that it differs within the village and between one village and another. In a recent study by Dr. Ruzika and Muhsam (1981), it was observed that in some village of Matlab the size of a bari varies from 1 to 19 households. The average number of households in a bari was found to be 4.6, but varied by village ranging from 4.0 to 5.8.

The major concern of this study thus becomes one of discerning the difference between innovative and non-innovative baris. Several studies in the area of family planning acceptance[1] and our experience in the field suggest that this difference could be found in the characteristics of baris, both at aggregate level and individual level. At aggregate or bari level, we propose to investigate the factors related to: (a) modernization of bari, (b) internal solidarity, and (c) ideological orientation of bari head. A tentative list of variables measuring these characteristics is given in the methodology section of this proposal.

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[1] Hill's Purto Rican study, Blake's Jamican fertility study, Rainwater's "And the poor get children", Indianapolis study, the Mysore population study, Princeton study, Hulls' Indonesian economic class and fertility study are some examples.

At individual level, we propose to investigate the factors related to: (a) perceived or felt economic, demographic and social pressure in the household, (b) modernity in communication and consumption behavior, (c) authority and decision-making process, (d) inter-spouse communication, (e) attitude toward pregnancy and birth regulation, (f) perception about referent's contraceptive attitudes, and (g) relation with village family planning worker. A detailed list of variables measuring these characteristics is given in the methodology section.

The third probable answer to the question of inter-village variation in contraceptive practice is that the female village workers (FVW) differ in their effectiveness. Practice of family planning is not a part of widely held social value in Bangladesh. Modern contraceptives are new to villagers. Like the national family planning programme, the Matlab project is based on the assumption that the adoption of contraceptives is a process that is to be stimulated, over seen, and guided by some local agent, here FVW. The success of the programme thus depends, is some part, on the FVW's acceptance and influence in the community. Logically, we can hypothesise that a difference among FVWs in their acceptance and influence will lead to a difference in programme effects in their villages.

According to Rogers (1973), there are two important attributes of a worker which facilitate the acceptance of innovation in her community. First, her competence credibility, usually earned through training, professional skill and experience. Secondly, her safety credibility, defined by her relation with the client, trustworthiness, and personal adoption of the innovation she is promoting. Competence credibility is considered to be more important at the knowledge stage in the innovation-decision process, and safety credibility to be more important at the persuasion stage.

The importance of credibility of workers was recognised by the Matlab project when an evaluation of worker performance during the first phase of the programme revealed that about 25 per cent of areal variation could be attributed to differential characteristics (age, number of children, education and knowledge about contraceptive usage) of lady village workers (Rahman et al., 1978). With the recruitment of a more unified cadre of workers and intensive training during the second phase of the programme, the contribution of differential characteristics of workers reduced to about 3 per cent, although the range of inter-village variation still remained high (Osteria et al., 1979).

A major limitation of the previous study was that it did not include attributes of safety credibility in its investigation. Ancedotal evidence suggests pronounced variation in safety credibility. Some FVW, for example are very trustworthy to their clients, because the clients believe that "daughter-in-laws" of these family can not give them wrong advice leave them un-cared for at the time of any side-effects with the contraceptives.

There are FVWs who belong to very powerful kin or patronage group in the village. Clients, particularly those who are poor, are often powerless to resist the pressure of these FVWs to help them meet the mandated targets for their villages. Also, the limited resources of the poor clients for supporting additional children may make the arguments of the FVWs seem plausible.

Another recent observation in the field is that some contraceptives are gaining more popularity than others in certain villages. Interviews with FVWs of these villages indicate a consistency of such popularity with personal liking of the FVWs for these methods.

In short, a number of factors seem to be associated with credibility of FVWs. The present study proposes an investigation of all possible factors associated with both competence credibility and safety credibility, including morale of the FVWs and their liking for the work. A list of variables to be studied is given in the methodology section of this proposal.

3. Rationale: As mentioned earlier, the contraceptive use prevalence rate in Matlab has remained constant at 33 per cent for over three years. A similar pattern seems to have emerged in case of acceptance of other health intervention programmes. Thus, for example, the rate of acceptance of tetanus immunization by pregnant women reached a plateau level of 33 per cent within one year of initiation of the programme. But the most striking observation seems to be the clustering of acceptors of various health interventions (e.g., contraceptives, tetanus vaccination and oral rehydration for diarrhoea) in certain families and baris. One implication of this clustering of acceptors is that only a few families are going to be benefited from various health intervention programmes being introduced or planned to be introduced in the area. The challenge before the Matlab project now is how to reach the non-acceptors of the services who constitute about two-thirds of the total population.

A first requisite for doing something to improve our efforts in this regard would be to know the factors responsible for acceptance or non-acceptance of contraceptive services, including other health interventions. The rationale for undertaking the present study lies in the fact that our existing knowledge about the study population does not really go sufficiently deep to explain the dynamics of the decision-making process which results in the acceptance or rejection of an innovation. It is expected that the information collected by this study would help in giving additional direction for the national health and population control programme in general and the Matlab Community Health Services Project in particular.

B. SPECIFIC AIMS

The specific aims of this study are to test the following four broad hypotheses:

1. The rate of contraceptive practice will differ with a difference in the modernity characteristics of the village.

2. The rate of contraceptive practice will differ with a difference in the credibility of the FVW.

3. The rate of contraceptive practice will differ with a difference in the innovetiveness of the bari.

4. The rate of contraceptive practice will differ with a difference in what may be called sociological facilitation regarding acceptance of an innovation in the family.

C. METHODS AND PROCEDURES

1. Sample Size: The units of investigation for this study are village, bari, currently married women of reproductive ages (aged between 15 and 44 years, and henceforth termed as eligible women) in the bari, and female village workers (FVW).

   For investigation of village and FVWs' characteristics, the study universe will comprise all the 70 villages of the Matlab CDP and all the 80 FVWs working in these villages. Because of time and financial limitation, as well as nature of the investigation, the study of bari and eligible women in the bari will be restricted to six villages — two having average contraceptive use rate, two having highest use rate, and two having lowest use rate.

   All 70 villages of the Matlab CDP will be ranked according to current use rates found in two contraceptive use-prevalence surveys. The first survey was conducted in October-December, 1977, the beginning months of the modified CDP. The second one was conducted in October-December, 1979, after just two years of the first survey. The current use rate in the two surveys was defined as proportion of eligible women who reported to have been using or used some method of contraception in past two weeks. Six villages of average size (approximately 1,000 population) will be selected — two having average use rate, two highest use rate, and two lowest use rate (average of two surveys rates). All baris and resident eligible women of the baris in the six villages will constitute the study population.

The study villages, baris and eligible women will be identified with the help of ICDDR,B census records. The ICDDR,B has been maintaining a demographic surveillance system (DSS)[1] in the study area since 1966. Every resident of the area has a unique number, identifying his or her village and household. Baris are identified by their names.

2. Variables to be Studied: Adoption of contraception by eligible women will be the dependent variable to test the hypotheses listed in the previous section. The adoption of contraception will be defined as current use (used in past two weeks) of a method to prevent pregnancy. The reported current use may reflect either adoption or a trial use of contraceptives, but in either case it is the product of a deliberate decision based on a perceived need to regulate fertility.

The independent variables will comprise variables relating to characteristics of village, bari, eligible women and FVWs. A tentative list of these variables is as follows:

a. Village Characteristics

- Demographic composition and migration rates.
- Economic activities, including land available for cultivation, irrigation facilities, and employment mobility.
- Access to town or city: distance, mode of transport, purpose of visit, etc.
- Existence of or access to: educational institutes and their types, health and family planning clinics, police post, post office, community centre, bank, mothers club, youth club, mosque or temple, market.
- Social organisations: number of baris, lineage and fraction groups.
- Leadership: number of formal and informal leaders and their characteristics (age, family size, education, religiosity, participation in local or national government, land ownership or business)
- Educational level of residents.

b. Bari Characteristics

- Demographic composition
- Number of households and their types.

[1] Detailed description of DSS can be found in Ruzicka and Chowdhury, 1976.

- Major economy, including land under possession.

- Educational level of bari members, number of children attending schools.

- Members working in towns or cities: rank, status of service or employment, frequency of visit to bari, social position in the bari, etc.

- Religion and religiosity of bari head.

- Characteristics of bari leadership group and fractions.

- Loyality to bari leader and common lineage and fraction groups in the village.

- Acceptance of modern agricultural innovation (seeds, fertilizer) and health technologies (vaccination, oral therapy for diarrhea, tube-well).

- Modern consumption articles: radio, bi-cycle, sewing machine.

- Written communication: Weekly/monthly/other magazines and their types.

- Number of contraceptive users (past or present) in the bari.

c. Individual Characteristics

- Socio-demographic background: age, parity, number of living children, age at first marriage, interval between marriage and first birth, open birth interval.

- Socio-economic background: type and composition of household, occupation of household, members economically active, members economically dependent, land owned by household, level of education of members, members in urban occupation and their frequency of home visit.

- Authority and decision-making in the household and areas of decision.

- Perceived economic presaure in terms of declining land holding or insufficiency of household income.

- Characteristics and ideological orientation of household head.

- Aspiration for education of children and perceived difficulties in attaining this goal.

- Inter-spouse communication and areas of communication.

- Modern consumption articles: radio, bi-cycle, watch, sewing machine.
- Frequency of visit to town or city and purpose.
- Frequency and length of husband's stay outside home and purpose.
- Attitude toward pregnancy and birth regulation.
- Knowledge about contraceptives, including advantage and disadvantage and source of knowledge.
- Discussion with husband, bari members, friends and relatives.
- Knowledge about use by other bari members, friends and relatives.
- Perception of referent's attitude toward contraception.
- Use of contraception: past or present, person advised for use, reason for use or non-use, future intention.
- Relation with FVW.

d. Characteristics of FVWs

- Socio-demographic characteristics: age, parity, number of living children, age at first marriage, interval between marriage and first birth, open birth interval.
- Socio-economic background: occupation of household, occupation of husband, land owned by the household, education of husband. and other household members, modern consumption articles in the household, religion.
- Size of own kin and patronage group in the village and strength in terms of wealth and power.
- Attitude of heads of kin and patronage group towards FVW's work.
- Co-operation from husband, mother-in-laws and other family members for work.
- Number of contraceptive acceptors from bari and kin group of FVWs.
- Personal use of contraception: past or present, kind of method(s) used.
- Perceived advantage and disadvantage of different contraceptives.
- Rating of own achievements and reasons for good or poor.

- Satisfaction with work
- Adequacy of technical and supervisory support.
- Co-operation from supervisory staff.
- Education and training.
- Rating of intelligence, interest, and ability by supervisory staff.

3. Data Collection: Data will be collected with the help of five different types of questionnaires (Appendix "A"). These are:

a. Village Questionnaire - The questionnaire has two parts. Information asked in Part-A will be obtained from ICDDR,B census records and socio-economic survey planned to be conducted in early 1982. Information in Part-B will be collected by ICDDR,B field assistants in course of their bi-monthly household visits for collection of vital events. The survey will cover all the 70 villages of the Matlab Community Health Services Project (MCHSP).

b. FVW Questionnaire - The questionnaire will be administered by the study investigator himself in the fortnightly sub-centre meeting of the FVWs. There are 4 sub-centres, each having 20 FVWs.

c. Bari Questionnaire - Information asked in this questionnaire will be extracted from the household questionnaire and coded by the study investigator himself. (Sample size: approximately 200)

d. Household Questionnaire - Information asked in this questionnaire will be collected from the head of the household or, in his absence, any elderly member of the household. The interview will be conducted by the male member of the interview team. (Sample size: approx. 1000)

e. Individual Questionnaire - This questionnaire will be used in interviewing all currently married women aged 15-44 in the sample households. The interview will be conducted by the female member of the interview team. (Sample size: approximately 1200)

4. Data Processing and Analysis: Data will be coded and edited in Dacca and will be transferred to tape for taking to the Australian National University (ANU). Final analysis of data and write-up will be done at ANU as part of Ph.D. thesis work.

D. SIGNIFICANCE

Our experience with the Matlab project to date suggests that most of the services (e.g., contraceptives, maternal tetanus immunization, oral rehydration for diarrhoea) are going to benefit a few selected families of the study area. About two-thirds of the families are not interested in receiving these services for one reason or other. A critical issue then is how to reach these two-thirds families whom we could designate as "unconcerned".

A first requisite to reach the unconcerned successfully would perhaps be to know the characteristics of those who tend to accept or reject an innovation, the reasons for acceptance or rejection, and the circumstances what seem to influence one type of behaviour or the other. From previous studies, for example, we know that contraceptive acceptors tend to be older, to have large families and two or three sons. We say that they are motivated toward family planning, but we have relatively scant data on what this actually means. And we do not understand clearly why other couples having similar demographic characteristics are not ready acceptors, nor why some couples who are younger and of lower parity are ready acceptors. More importantly, our existing knowledge does not really go sufficiently deep to explain the dynamics of the decision-making process which results in the acceptance or rejection of contraceptives, including other health technologies. The present study is expected to increase our knowledge about the dynamics of the decision-making process and thereby help in giving additional direction for action programmes, both in the area of family planning and in the area of other health intervention programmes.

E. FACILITIES REQUIRED

This is a complementary study to the Community Health Services Project, Matlab (protocol No. 80-042). Most of the survey work will be carried out by deployment of existing staff for the MCH project. Incremental cost for this study will incur mostly for printing of questionnaire forms, stationeries, etc., and has has been shown in details under Section-III.

F. COLLABORATIVE ARRANGEMENT

None

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SECTION III - DETAILED BUDGET

1. PERSONNEL SERVICES

Position	Person Month		Cost in Taka
1. *Principal Investigator (M. Rahman)	6		-
2. *Sr. Field Research Officer (J. Chakraborty)	½		-
3. *Sr. Health Assistant (4) (existing MCHSP personnel)	2		-
4. *Female Interviewer (4) (deployment of available female health assistants)	2		-
5. *Coding Assistant (4) (deployment of available staff in MCHSP)	4		-
6. *Data Entry Technician (2)	1		-
7. *Computer Programmer (1)	1		-
8. *Secretary/Typist	1		-
9. Statistical Officer (1) (to be hired)	6		12,612
10. Coder (4)	12		18,060
		Sub-total	30,672

2. TRAVEL AND TRANSPORTATION OF PERSONS

A. Local Travel:

Per diem for Matlab @ Tk. 150/- for 60 days (principal investigator)	9,000
Speedboat at Matlab, 360 hrs.**	-
Sub-total:	9,000

3. TRANSPORTATION OF MATERIALS

None

*Salary for personnel Sl. Nos. 1-8 has been budgeted under MCHSP protocol No. 80-042 and as such has not shown here.

**Budgeted under MCHSP protocol No. 80-042.

		Cost in Taka
4.	RENT, COMMUNICATION AND UTILITIES	
	None	
5.	PRINTING AND REPRODUCTION	
	1. Mimeography	1,000
	2. Xeroxing	350
	3. Printing of Questionnaire Forms	5,000
	Sub-total:	6,350
6.	OTHER CONTRACTUAL SERVICES	
	None	
7.	SUPPLIES AND MATERIALS	

Office supplies & stationeries	Quantity	Rate	
Pen, ballpoint, black	20 each	Tk. 8.00	160
Refill, black	48 each	Tk. 4.00	192
Pencil, wooden	24 each	Tk. 3.00	72
Pad, octave	24 each	Tk. 7.00	168
Pad, foolscape, plain	24 each	Tk.14.00	336
Pad, foolscape, lined	24 each	Tk.15.00	360
Clip board	10 each	Tk.10	100
		Sub-total:	1,388

8.	EQUIPMENT	
	None	
9.	TRANSPORT	
	None	
10.	PATIENT HOSPITALIZATION	
	None	
11.	OUT-PATIENT CARE	
	None	

12. LABORATORY TEST

None

13. CONSTRUCTION, RENOVATION AND ALTERATION

None

14. INCOME

None

SUMMARY BUDGET

	Cost in Taka
1. Personnel Services	30,672
2. Travel and Transportation of Persons	9,000
3. Transportation of Materials	-
4. Rent, Communication and Utilities	-
5. Printing and Reproduction	6,350
6. Other Contractual Services	-
7. Supplies and Materials	1,388
8. Equipment	-
9. Transport	-
10. Patient Hospitalization	-
11. Out-patient Care	-
12. Laboratory Test	-
13. Construction, Renovation and Alteration	-
14. Income	-
Grand Total:	47,410
US$	2,963.13* = $2,964

(*US$1 = Tk.16/-)

INTERVIEWEE CONSENT FORM

I know that the ICDDR,B female/male field workers are collecting information about knowledge and practice of contraceptives and also about selected individual socio-demographic characteristics. They have included me as one of their respondents. I understand that I have the right to refuse to respond to any or all questions.

I am assured that confidentiality will be maintained about all information obtained. Under these conditions I do hereby give my consent for interview.

_____

Signature/Left thumb impression of respondent

Date:_____

সম্মতি-পত্র

আমি জানিতে পারিলাম যে আন্তর্জাতিক উদরাময় গবেষণা কেন্দ্র, বাংলাদেশের মহিলা/পুরুষ কর্মীগণ জন্ম নিয়ন্ত্রন পদ্ধতি সম্পর্কে জ্ঞান ও এর ব্যবহারের উপর একটি জরীপ কাজ পরিচালনা করিতেছেন। আমাকে এই গবেষনার একজন উত্তরদাতা/উত্তর দাতা হিসাবে নির্বাচন করা হইয়াছে। আমি জানিতে পারিলাম যে, যে কোন প্রশ্নের উত্তর দেওয়া বা না দেওয়ার পূর্ন-স্বাধীনতা আমার রহিয়াছে।

আমি যে সমস্ত তথ্য প্রদান করিব তাহা গোপন রাখার পূর্ন আশ্বাস আমাকে দেওয়া হইয়াছে। আমি সব কিছু জানিতে পারিয়া এই সাক্ষাত প্রদানে সম্মতি প্রদান করিলাম।

দস্তখত/বাম হাতের বৃদ্ধাংগুলির ছাপসহ

তারিখ _____

APPENDIX "A"

QUESTIONNIRES

Determinants of Areal Variation in
Contraceptive Practices in Bangladesh

VILLAGE QUESTIONNAIRE

For Coders only

Identification

Study No. ___ ___ ___ (1 2 3)

Card No. ___ (4)

Code No. ___ ___ ___ ___ (5 6 7 8)

Village ----------

(The questionnaire has two parts. Information in part-I are to be obtained by interviewing U.C. Member of the respective village or, in his absence, a knowledgeable village leader. Information in part-II can be obtained from the ICDDR,B census/DSS records.)

Interviewer (Name):---------- Date:---------

Respondent (Name):----------Designation:----------

1. Access to Town/City

	In Monsoon		In dry season	
	Distance (in hours)	Means of transport	Distance (in hours)	Means of transport
Matlab Thana H.Q.				
Chandpur Town				
Narayanganj City				

2. Transport: nearest accessible

	In village (Please tick)	Outside village (distance in hours)
Paved/metaled road	_____	_____
Bus stop	_____	_____
Launch ghat	_____	_____

3. Social and Economic Services

	In village (please tick)	Outside village (distance in hours)
a) Services:		
Post office	_____	_____
Bank	_____	_____
Market	_____	_____
Water pump	_____	_____
Rice mill	_____	_____
b) Service Personnel:		
Qualified doctor	_____	_____
Other doctor	_____	_____
Kabiraj	_____	_____
Govt. Health & FP workers	_____	_____
Veterinarian	_____	_____
Agri. Extension worker	_____	_____
Midwife	_____	_____
ICDDR,B worker	_____	_____
Imam	_____	_____
Teacher	_____	_____
c) Public Institutions:		
Primary School	_____	_____
Jr. High School	_____	_____
High School	_____	_____
College	_____	_____
Madrasa	_____	_____
Mosque	_____	_____
R.H.C.	_____	_____
Govt. dispensary	_____	_____
Govt. MCH/FP clinic	_____	_____
ICDDR,B Sub-centre	_____	_____

4. Social Groups and Leaders

a) How many Samaj are there in the village? _____

b)

Characteristics of Samaj:	Samaj 1	Samaj 2	Samaj 3	Samaj 4
Religion				
No. of lineages				
No. of baris				
No. of households				
No. of leaders				

c)

Characteristics of Leaders:	Leader 1	Leader 2	Leader 3	Leader 4
Name & I'D No.				
Age				
Education				
Occupation				
No. of living children				
Land holding				
Type of leadership				

5. Other Community Activities

Does the village have:

Youth club	___ Yes	___ No
Women's cooperative	___ Yes	___ No
Farmer's cooperative	___ Yes	___ No
Fishermen cooperative	___ Yes	___ No
Adult Education Programme	___ Yes	___ No
Participated in National Canal Digging Programme	___ Yes	___ No

PART - II

1. Population by sex and age (1980):

Sex/Age:		0 - 4	5 - 14	15 - 44	45+	All ages
Male	No.					
	%					
Female	No.					
	%					

2. Migration (1978-80): (outside DSS area)

Age groups	Moved in		Moved out		Increase/Decrese	
	M	F	M	F	M	F
Below 15 years						
15 - 24 years						
25 - 34 years						
35 - 54 years						
55+ years						
All ages						

3. Religious composition (1978 census update):

	No. of baris	No. of households	No. of persons
Hindu			
Muslim			
Other			
Total			

4. Proportion of currently married women as household heads (1978 census update):

_____ %

Determinants of Areal Variation in
Contraceptive Practices in Bangladesh

F.V.W. QUESTIONNAIRE

For Coders only

Identification

	Study No.	1	2	3	
	Card No.	4			
Village ----------	Code No.	5	6	7	8
F.V.W. ----------		9	10		

We have been conducting a survey among all the FVWs of the Matlab Community Health Services Project. The objective of the survey is to know more about you and your work. It has nothing to do with your job. This research is strictly for academic purposes and, therefore, all information you give us will be kept confidential.

As you can see, there are many questions. I have found that we can complete this best if you will let me read them in order, and you write your answers one by one. Please feel free to ask me for any further clarification after I finish explaining the question. Please remember that the result of this survey depends totally on your cooperation and frank responses.

Let me start by reading questions relation to you and your children.

1. How old are you now? _____years
2. Which class have you passed? _____ class passed.
3. What is your religion? _____ Islam _____Hindu.
4. a) How many children do you now have? (number)_____
   b) How many of them are sons? (number)_____
   c) How old is your youngest child? _____years _____months
5. a) Are you now using any contraceptive?

   _____No, Why?_____

   _____Yes, (name)_____

   b) (If not currently using) Have you ever used any contraceptive?

   _____No, _____ Yes, (name)_____

(Now, I am going to read to you some questions relating to your husband and other family members)

6.a) In your household, are you alone with your husband and children?

_____ Yes _____ No

b) (If no), Who are the relatives living with you? (Please tick all applicable categories)

_____ Mother-in-law
_____ Father-in-law
_____ Married brother-in-laws
_____ Un-married brother/sister-in-laws
_____ Married sons
_____ Other (specify)----------
---

c) (If mother or father-in-law is not living with you) Are your parent-in-laws all well?

Mother-in-laws: _____ alive _____ dead

Father-in-laws: _____ alive _____ dead

d) (If any of them is alive) Since when he/she is not living with you) I mean, is it before your join the job of FVW or after this?

_____ Before _____ After

e) Does any married brother of your husband get separation from your household since you have joined the job of FVW?

_____ Yes _____ No

7.a) What does your husband usually do for a living?

---

b) Did your husband attend school ? _____ Yes _____ No

c) (If yes) What is the highest class he passed?

_____ Class passed.

8.a) Does your family own any cultivable land?

_____Yes _____ No

b) (If yes) How may acres?

_____ Less than 2 acres
_____ 2-4 acres
_____ 5-7 acres
_____ More than 7 acres

9.a) Is there a tube-well in your Bari?

_____ Yes _____No

b) Do you or your husband regularly buy or subscribe to a magazine or newspaper?

_____ None
_____ Magazine, (Name)----------
_____ News paper (Name)----------

c) Does your family own the following items?

Radio	_____ Yes	_____No
Watch/Clock	_____ Yes	_____No
Bicycle	_____ Yes	_____No
Motor-Cycle	_____ Yes	_____No
Sweing Machine	_____ Yes	_____No

(Now, I shall read to you a few questions about the Samaj in your village)

10.a) In which village do you work?

(name)---------- ----------

b) Does your family live in this village?

_____Yes _____No (Skip to Q.12)

c) If yes) for how long have you been living in this village?

_____ Since childhood
_____ Since marriage
_____ Since joining the job of FVW
_____ Other (specify the length of residence)_____Years/months.

11.a) How many Samaj are there in this village?

(number)_____

b) Which Samaj your family belongs to?

(name)----------

c) How many members are there in your Samaj?

(number)_____

d) Does any member of your Samaj hold the following positions?.

	No (tick)	Yes (tick)	(If yes) e) Is he a member of your household/bari? No (tick)	Yes (tick)	f) What is your relation to him? (specify)
U.C. Chairman	___	___	_____	_____	----------
U.C. Member	___	___	_____	_____	----------
Principal Matabar in the village	___	___	_____	_____	----------

12. (If No to Q.10b) Does any member of your household/bari hold the following positions?

	No (tick)	Yes (tick)	Your relation to him (specify)
U.C. Chairman	_____	_____	----------
U.C. Member	_____	_____	----------
Principal Matabar in the village	_____	_____	----------

13.a) Do you have an women cooperative/club in your village?

_____Yes _____No

b) (If yes), Are you/any woman of your bari a member of the cooperative/club?

_____ No _____Yes, yourself
_____Yes , other woman.

(So far we have discussed about your family and Samaj. Now, I am going to read to you some questions relating to your work)

14.a) When have you joined the job of FVW?

(date)_____month _____ year

b) Before you joined this job, had you ever worked for a paying position?

_____Yes _____No

c) (If yes) What kind of job it was ?

(description of work)_____

15. (Now, please go through your register book and answer the following questions)

a) How many couples in your village are currently using contraceptives?

(number)_____

b) How many of these current users are:

Relatives from your parent's side_____

Relatives from your in-law's side _____

Non-relative Samaj members _____

Non-relative, non-Samaj villagers_____

16.a) Do you think that this is the best number of users you can achieve?

_____Yes _____No

b) Could you increase this number of users?

_____Yes _____No (skip to Q.d)

c) (If yes), What, you think, should be done by yourself or by others to increase the number of users?

By yourself:_____

By others: (specify the person by designation/ title) i)_____:_____

_____

ii)_____:_____

_____

d) (If No to Q.b) Why you think so?

---

e) Do you think that you need additional training to improve your performance further?

_____Yes _____No

f) (If yes) In which aspects?

---

17. We know that every contraceptive method has its own merit and demerit. Based on your experience and observation, list in order of merit the methods available for -

a) couples who desire spacing:

	Name of method	Reasons for your choice
1.		
2.		
3.		

b) couples who desire no more children:

1.

2.

3.

(Now, let me read to you some questions relating to the support you might have received in your work from your family and Samaj members)

18.a) Do you discuss your work with your husband?

_____No

_____Yes, often

_____Yes, occassionally

b) Does your husband assist you in your work?

_____No

_____Yes, how?_____

19.a) Does any of the following persons disapprove your work as FVW?

Mother-in-law: _____Yes ____No _____N.A. (deceased)
Father-in-law: _____Yes ____No _____N.A.
Bari Head: _____Yes ____No _____N.A.
Head of own Samaj: ___Yes ____No _____N.A.

b) Does any of these persons encourage you in your work?

Mother-in-law: _____Yes _____No _____N.A.
Father-in-law: _____Yes _____No _____N.A.
Bari Head _____Yes _____No _____N.A.
Head of own Samaj _____Yes _____No _____N.A.

20. To the best of your knowledge, does any head of other Samaj in your village express views about your work?

Views	Samaj 1	Samaj 2	Samaj 3
Disapproving	_____	_____	_____
Critical	_____	_____	_____
Approving	_____	_____	_____
Uncertain	_____	_____	_____

21. Do you wish to continue your work as FVW for next 5 years?

_____Yes _____No

22. Do you think this is a good work for an woman?

_____ Yes ↓ Why?_____

_____No ↓ Why?_____

23. (Now, I am going to cite two problems which you as a community health worker might have faced. Please describe as detailed as possible the necessary steps of action you might have taken or will take in the situation)

a) A young mother expressed to you her desire to accept contraception. She told you that her husband did not like the idea and that she was not sure what would be the reaction of her mother-in-law. What steps of action you would take or suggest to the young mother in this situation?

1._____

2._____

3. _____

4. _____

5. _____

b) Due to a recent quarrel between your Bari and another Bari in your village, the members of the two Baris have stopped all social contacts and visits. Under the circumstances, how you will carry out your routine work in that Bari?

_____

_____

_____

_____

Date of completion of the questionnaire: _____

Determinants of Areal Variation in
Contraceptive Practices in Bangladesh

SUPERVISORY EVALUATION FORM

Name of Subcentre: _____

Name of Sr. FA/LFPV: _____

(For each of the attributes listed below, identify 5 best and 5 worst FVWs. Assign numbers 1-5 in order of merit to the 5 best, 1 being best most, and 16-20 to the worst 5, 20 being the worst most).

Sl. No.	Name of FVW	Name of Village	Personal Aspects:			Knowledge about:			Attitude:			Abilities in:			Remarks
			Presentability	Repulation in the community	Orderliness in record keeping	Cooperation with supervisor	Work area and its people	Contraceptives	Maternal and child nutrition	Enthusiasm for work	Initiative	Promptness in submitting reports	Raising problem with clarity and exactness	Deciding with calm and maturity	Maintaining inter personal relationship	
1																
2																
3																
. . . . .																
20																

Determinants of Areal Variation in Contraceptive Practices in Bangladesh

BARI QUESTIONNAIRE

For Coders only

Identification

Study No._____ Card No._____

Village_____ Code No. _____

Bari_____ Code No._____

Religion_____

Sl. No. of household (H.H.)	1	2	3	- - - -	- - - -	20	Total
Census Id. No.							
1. Size and Type of Households:							
a) No. of single/non-family H.H.							
b) No. of nuclear H.H.							
c) No. of joint H.H.							
d) No. of male residents							
e) No. of female residents							
f) No. of children 7-14 years old							
2. Education:							
a) Class passed by H.H. head							
b) No. of males studying in twon/city							
c) No. of females studying in town/city							
d) No. of boys (7-14 yrs.) in school							
e) No. of girls (7-14 yrs.) in school							

Sl.No. of Household (H.H.) Census Id. No.	1	2	3	-----	------	20	Total
3. Economic Status:							
a) Occupation of H.H. head							
b) Amount of cultivable land (in acres)							
c) No. of males working in town/city							
d) No. of females working in town/city							
e) Remittance (Yes = 1, No = 0)							
f) Main house building (brick/tin roof = 1 thatched roof = 2)							
g) Baitak ghar (No = 0, Yes = 1)							
h) Separate kitchen (No = 0, Yes = 1)							
i) Pucca latrine (No = 0, Yes = 1)							
j) Tube well in the bari (No = 0, Yes = 1)							
4. Modern Consumption Articles:							
a) Radio (No = 0, Yes = 1)							
b) Watch/Clock (No = 0, Yes = 1)							
c) Bicycle/motor cycle (No = 0, Yes = 1)							
d) Sewing machine (No = 0, Yes = 1)							
e) Magazine/newspaper subscription (No = 0, Yes = 1)							

Sl. No. of Household (H.H.) Census Id. No.	1	2	3	-----	-----	20	Total
5. Innovativeness:							
Agricultural inputs (past 12 months):							
a) Chemical fertilizer (No=1, Yes=1, NA=9)							
b) New seed varieties (No=1, Yes=1, NA=9)							
Tetanus immunization (past 12 months):							
c) No. of pregnant women							
d) No. of acceptors							
Oral therapy for diarrhea (past 12 months):							
e) No. of episodes							
f) No. of use							
Contraception:							
g) No. of currently married women aged 15 - 44 years							
h) No. of pregnant							
i) No. of breast feeding							
j) No. of P.P.A.							
k) No. of current users							
l) No. of drop-outs (12 months)							

Sl. No. of Household (H.H.) Census Id. No.	1	2	3	------	------	20	Total
6. Religiosity:							
a) H.H. head says prayer/puja regularly (No = 0, Yes = 1)							
b) No. of other members (No = 0, Yes = 1)							
c) H.H. head a Moulvi=1/Iman=2/Hazi=3 Spiritual leader=4/None=0							
d) No. of other members Mulvi=1/imam=2/ Hazi=3/Spiritual leader=4/None=0							
7. Leadership:							
a) U.C. Chairman (H.H.head=1, other member=2)							
b) U.C. member (H.H.head=1, Other member=2)							
c) Village matabar (H.H.head=1, Other member = 2)							
d) Member of Farm. Coop. (H.H. head = 1, Other member = 2)							
e) Member of Fisherman Coop. (H.H. head = 1 Other member = 2)							
f) Member of Women Coop. (H.H. head = 1, Other member 2)							

8. Internal Solidarity:

a) Does the Bari has a common head? _____Yes _____No

b) Does the Bari belong to one Samaj? _____Yes _____No

9. Characteristics of Bari head(s)	Head 1	Head 2	Head 3
a) Age	------	------	------
b) Education (class passed)	------	------	------
c) Occupation	------	------	------
d) Leadership position (U.C. Chairman=1/Member=2/Matabar=3)	------	------	------
e) Religiosity (Moulvi=1/Imam12/Spiritual leader13/Hazi=4/ regular prayer/puja=5/None=0)	------	------	------

10. Social Status of the Bari (To be evaluated by the F.A. having longest experience in the concerned village)

a) Family descent	___High	___Medium	___Low
b) Wealth	___High	___Medium	___Low
c) Landed property	___High	___Medium	___Low
d) Education	___High	___Medium	___Low
e) Cooperation to visiting officials	___High	___Medium	___Low

Determinants of Areal Variation in
Contraceptive Practices in Bangladesh

HOUSEHOLD QUESTIONNAIRE

Identification

For Coders only

Study No. 1 2 3

Card No. 4

Village _____ Code No. 5 6 7 8

Family----------Id. No._____ 9 10 11 12

Bari----------Id. No._____ 13 14 15

Religion----------Id. No._____ 16

Respt._____Id. No._____

Sex_____ Relationship to H.H. Head_____

Household Composition: (List all the residents of the household along with the following information from the household census record. Check with the respondent each item of information for verification and updating).

1	2	3	4	5	6	7	8
Sl. No.	Relationship to H.H. head	Sex	Age	Marital status	Present occupation (specify in details)	Education (class passed)	Id. No. of currently married women aged 15 - 44 years
1.	Head*						
2.							
.							
.							
.							
20.							

*If the head does not work presently, specify his/her previous occupation:_____

9. Does any member of the household study in town/city?

(number)_____

10. Does any member of the household work in town/city?

(number)_____

11. Does the household receive regular remittance from outside?

_____No _____Yes

↓

From whom_____
(relation to head)

12. Does the household own any cultivable land?

_____No _____Yes

↓

Quantity in acres_____

13. Does the household possess the following household articles?

a) Watch/clock ____Yes ____No

b) Radio ____Yes ____No

c) Bicycle/Motor cycle ____Yes ____No

d) Sewing machine ____Yes ____No

14. Does any member of the household subscribe to newspaper/magazine?

_____No _____Yes

↓

Name_____

15. Did the household use the following agricultural inputs in past 12 months?

a) Chemical fertilizer ____Yes ____No

b) New seed varieties ____Yes ____No

16. Does the head or any member of the household hold the following positions? (✓)

	Head	Other member
a) U.C. Chairman	------	----------
b) U.C. Member	------	----------
c) Village Matabar	------	----------
d) Farm. Coop. member	------	----------
e) Fishermen Coop. member	------	----------
f) Women Coop. member	------	----------
g) Hazi	------	----------
h) Moulvi	------	----------
i) Imam	------	----------
j) Spiritual leader	------	----------

(In case of Muslim household, ask Q.17 & 18)

17. Does the head of the household say five times prayer regularly?

_____Yes _____No

18. How many adult members other than the H.H.head say five times prayer regularly?

Men:_____(number)

Women:_____(number)

(In case of Hindu household ask Q.19 & 20)

19. Does the H.H.hold spend sometime on religious activity (puja) regularly?

_____Yes _____No

20. How many adult members other than H.H.hold spend sometime on religious activity (puja) regularly?

Men: _____(number)

Women: _____(number)

21. Who is the head of this Bari?

Name_____Id. No._____

22. Do all households in the Bari belong to same Samaj?

_____Yes _____No

23. Does the household have:

a) Separate room as kitchen _____Yes _____No
b) Outside room/Baitak ghar _____Yes _____No
c) Tube well in Bari compound _____Yes _____No
d) Pucca latrine _____Yes _____No

24. Type of main house building : (✓)

_____floor: cement, roof: brick/tin
_____floor: mud , roof: brick/tin
_____floor: mud , roof: thatched

(Information to be collected from FVW's Register Book)

25. Reproductive status and contraceptive practice:

_____ Total currently married women aged 15-44.
_____ No. pregnant
_____ No. breastfeeding
_____ No. P.P.A.
_____ No. currently using contraceptives
_____ No. not currently using, but used in past 12 months.

26. Acceptance of Tetanus immunization in past 12 months:

_____ No. pregnant
_____ No. accepted immunization.

(Information to be collected from Bari Mother Note Book)

27. Use of oral therapy for diarrhoea in past 12 months:

_____ No. episode
_____ No. used oral therapy

Name of Interviewer_____ Date:_____

Determinants of Areal Variation in
Contraceptive Practices in Bangladesh

INDIVIDUAL QUESTIONNAIRE

(Wife's Interview)

For Coders only

Identification

Study No. ___ ___ ___

Card No. ___

Village_____ Census No._____ ___ ___ ___ ___

Family_____ Id.No._____ ___ ___ ___ ___

Respt._____ Id. No._____ ___ ___

Husband_____ Id. No._____ ___ ___

Bari _____ Religion_____ ___ ___ ___

___

(I am from Matlab Cholera Hospital. The doctors in the hospital are interested to know more about couples of Matlab thana and their children. They need this information to give better advice when couples ask for it. You may rest assured that all information you give me will be kept confidential and used solely for research purpose.)

A. Marriage and Pregnancy

Let me start by asking a few questions about your marriage and family.

1. How old are you now?

_____Years (Check the census)

2. How old is your husband now?

_____Years (Check the census record)

3. Is this your first marriage?

_____Yes _____No

↓

3a) How many times have you been married before this marriage? _____(number)

4. Is your husband a relative of yours?

_____Yes _____No

5. Is this your husband's first marriage?

_____Yes _____No

5a) How many times has he been married beside this one?_____(number)

5b) Does any of his other wives live in this household?

_____No ___Yes

5c) How many?
_____(number)

6. What was your age at the time of your (first) marriage?

_____Years

7. Did you go to live with your (first) husband immediately following your marriage?

_____ Yes _____No

7a) After how many months of marriage you went to live with your husband?
_____months

8. We should like to get a complete record of all the babies you have given birth to in your life. Please count all who were born alive at any time including any in previous marriage(s).

Do you have any sons you have given birth to now living with you? _____No _____Yes

8a) How many sons live with you _____(number)

9. Do you have any sons you have given birth to who do not live with you?

___No ___Yes

↓

9a) How many sons do not live with you? _____(number)

10. Do you have any daughters you have given birth to now living with you?

___No ___Yes

↓

10a) How many daughters live with you? _____(number)

11. Do you have any daughters you have given birth to who do not live with you?

___No ___Yes

↓

11a) How many daughters do not live with you _____(number)

12. Have you ever given birth to any boy or girl who later died, even if the child lived only for a short time?

____No ____Yes

↓

12a) How many of your children have died? _____(number)

13. (Interviewer: Sum 8a, 9a, 10a, 11a and 12a to get the total number of live births and ask the respondent _____)

Just to make sure that I have recorded correctly, you have had in all _____ live births.
(number)

Is that correct?

_____Yes ____No
↓
→(Interviewer: Probe and correct responses as necessary)

14. (Interviewer: Minus 12a from 13 to get the number of present living children and ask the respondent _____)

So, you have now _____ living sons and
(number)
_____ living daughters. Is that correct?
(number)

_____Yes ____No
↓
→(Interviewer: Probe and correct responses as necessary)

15. (Interviewer: Check 13 and if the respondent has no live birth then ask this question)

Have you ever been pregnant? (If "No", probe: I mean, have you ever had a pregnancy, even one that lasted for just a few weeks or for a few months?)

_____No _____Yes
↓

15a) How many times have you been pregnant? _____(number)

16. (Interviewer: Check 13 and if the respondent has any live birth then ask this question)

Aside from the pregnancies that resulted in a live birth, have there been other times you were pregnant? (If "No", probe: I mean, have you ever had a pregnancy that lasted for just a few weeks or for a few month?

_____No _____Yes→

16a) How many such pregnancies have you had? _____(number)

17. What is the name of your youngest child?

(name)_____(Sex): ____M/_____F

18. How old is he/she?

_____years _____months

19. (If the age of the younest child is less than 5 years then ask this question)

Are you giving breast milk to him/her?

____Yes _____No

↓

(Skip to 21)

20. (If the age of the youngest child is 5 years or more, or if "No" response to Q.19 then ask this question)

How many months you had given breast milk to him/her?

_____years _____months

B. Knowledge and Use of Contraceptives

21. Now I want to talk about a somewhat different topic.

Are you pregnant now?

____No ____Yes

↓

21a) For how many months have you been pregnant?

_____months

(Skip to 25)

22. For how long have you not been pregnant?

_____years _____months

23. Why is that you have not been pregnant for _____ years/months?
(as mentioned in 22)

_____ using contraceptive → (skip to 25)

_____ other reason

(specify) _____

23a) What method are you using?
(name of method)

23b) Do you intend to continue its use in future?

_____ Yes _____ No

23c) Why you do not like to continue use?

(Verbatim) _____

_____

24. Aside from the method you are using, do you know of any methods that are used by married couples to keep from becoming pregnant?

_____ Yes → (Skip to 26)

_____ No → (Skip to 35)

25. Do you know of any methods that are used by married couples to keep from becoming pregnant?

_____ Yes

_____ No → (Skip to 35)

(Interviewer: Ask the following questions starting at 26 and check (√). Do not let the respondent to see this page)

Methods	26. Tell me what methods you know about. (Let the respt. tell you a method. Donot suggest the names)	27. Do you know how to use this method or have you just heard about it?		28. Have you ever used it?
		Know how to use	Just heard	
Condom				
Pill				
DMPA				
IUD				
Tube ligation				
Vasectomy				
M.R.				
Other modern (specify)--- ----------				
Other traditional (specify)--- ----------				

(Interviewer: Questions 29-35 should be followed by a statement — "just to make sure whether this is the same method the Matlab Cholera Hospital has been providing to married couples, would you please tell me")

29. (If the respt. said that she knew use of condom)

a) What is the condom made of?_____

b) Who should use the condom?_____

c) How often it should be used?_____

30. (If the respt. said that she knew use of pills)
    a) Who should take the pills?_____
    b) How often should they be taken?_____
    c) When one should start taking?_____

31. (If the respt. said that she knew use of DMPA)
    a) Who should take the DMPA?_____
    b) How it is taken?_____
    c) How often should it be taken?_____

32. (If the respt. said that she knew how to use IUD)
    a) Who should use the IUD?_____
    b) How is the IUD used?_____
    c) How long one can use it?_____

33. (If the respt. said that she knew use of ligation)
    a) Who receives the ligation?_____
    b) Where you can get it?_____
    c) Can one become pregnant after having ligation?
    _____Yes _____No

34. (If the respt. said that she knew use of vasectomy)
    a) Who receives the vasectomy?_____
    b) Where one can get it?_____
    c) Can one have children after receiving vasectomy?
    _____Yes _____No

35. (If the respt. said that she knew use of M.R.)
    a) Who receives the M.R.?_____
    b) When one should received it?_____
    c) Where you can get it?_____

36. Did some one ever suggest that you use contraceptives?
    _____Yes _____No
    ↓
    (Check Q.23 and 28. If current or ever user then skip to 41e. If never user then skip to 44)

37. Who was it?

_____(designation/relation to respt.)

(If only FVW is mentioned) Anyone else?

____No _____Yes

↓_____(relation to respt.)

38. Why he/she suggested you to use contraceptives?

(verbatim)_____

39. Did you follow his/her suggestion?

_____Yes _____No

↓

40b) Why you did not follow his/her suggestion?

Verbatim_____

(Skip to 41)

(Interviewer: Check Q.23 and 28. If the respt. is a never user of contraceptive then skip to Q.44)

40. Was his/her suggestion the most important reason why you started using contraceptives?

_____No _____Yes

(Skip to 46)

41. Was any of the following the most important reason why you started using contraceptives?

a) Suggestion from husband:

____No ____Yes

↓

Why did he suggest you?

(Verbatim)_____

b) Suggestion from mother-in-law:

____No ____Yes

↓

Why did she suggest this to you?

(Verbatim)_____

c) Suggestion from other family member:

___No ___Yes,(specify relation)_____

↓

Why did he/she suggest you?

(Verbatim)_____

d) Suggestion from other Bari member:

____No ____Yes, (specify relation)_____

↓

Why did he/she suggest you?

(Verbatim)_____

e) (If none of the above mentioned)
What was the most important reason for which you started using contraceptives?

(Verbatim)_____

42. (Interviewer: Check Q.28. If the respondent reported ever use of more than one method then ask this question)

What was the last method you ever used)

(name of the method)_____

43. (Interviewer: Check Q.28 and ask the respondent this question if she is an ever user)

Why you have stopped using _____(name of last method used)

(Verbatim)_____

44. (Ask only to never users) Why do you not practice contraception?

(Verbatim)_____

45. (Check Q.23. Ask this question to all except current users)
Do you intend to use a contraceptive method in the future?

____Yes ____No

↓

45a) Why you will not use contraceptives?

(Verbatim)_____

_____

C. Family Size and Husband-Wife Communication

(Interviewer: Check the household census record and count the number of living sons and daughters of respondent's husband. Write the number in appropriate blank column while asking the following question)

46. Let's see, your husband has here_____sons and _____daughters, right?

____Yes ____No

(Probe by reading out the name of children from the H.H. census record and correct the response as necessary.)

47. Does he has any other children besides these? For example, those not living with you or whose registration is transferred out from this household?

_____No _____Yes

47a) How many sons? _____(number)

47b) How many daughters? _____(number)

48. Does he has any children who are adopted out?

_____No _____Yes

48a) How many sons? _____(number)

48b) How many daughers? _____(number)

49. (Interviewer: Sum 46, 47 and 48 and fill the blank while asking this question)

Just to make sure, your husband has in all_____ children, _____sons and _____daughters. Is it correct?

____Yes ____No ⟶(Probe and correct responses as necessary)

50. (Interviewer: Check Q.49 carefully and tick the appropriate response)

_____husband has no living children

_____husband has no one or more children

(Skip to 54)

51. Do you want to have any children?

_____Yes _____No

51a) Why you do not want to have children?

(Verbatim)_____

_____

(Skip to 55)

52. How many children do you want to have?

_____(number)

_____has not given thought

_____husband knows

_____depend on God's will/fate

a) As you feel now, if you could have the number of children you want, how many would that be?

(Interviewer: write the number in the appropriate column in 52. If the respt. still refuse to specify the number, skip to Q.55)

b) You are very correct. However, every married woman cherishes a desire for certain number of children. If your husband agrees with you, how many children would you like to have? (Interviewer: write the number in the appropriate column in 52. If the respt. refuses to specify the number then skip to 55)

c) Everything comes from God. We pray to him for things we need or desire. If you pray to God for children, how many children would you pray for? (Interviewer: write the number in appropriate column in 52. If the respt. refuses to specify th number then skip to 55

53. How many of these children would you like to be boys and how many girls?

_____Boys _____Girls

(Skip to 55)

54. (If the husband has one or more living children) Do you want any more children?

____Yes ____No

(Skip to 55)

54a) How many more do you want to have?

_____(number)

_____has not given thought follow the instruction given in 52(a))

_____husband knows (follow 52(b))

_____depend of God/fate follow 52(c))

54b) How many of them would you like to be boys and how many girls?

_____ Boys _____Girls

55. Have you and your husband ever talked about the number of children you would like to have?

_____No _____Yes

56. Do you think your husband wants more children than you, or fewer?

_____more

_____same

_____fewer

_____ don't know

57. (Interviewer: Check Q.17 and write the name of youngest child of the respondent in the blank space while asking this question. Don't ask this question if the respondent has no living children)

Did you and your husband discuss having this child_____?
(name)

_____Yes

57a) Was there a joint agreement between you and your your husband?

___Yes ___No

57b) (If "No") What was your husband view?
(Verbatim)_____
_____

_____No

57c) Why you did not discuss it?
(Verbatim)_____
_____

58. Have you ever talked with your husband about family planning?

_____Yes _____No

58a) Why is it that you did not talk with him about family planning?
(Verbatim)_____
_____

59. In general, can you tell me what your husband's views are about family planning?

(Verbatim)_____
_____

D. Extended Family Relation and Decision-Making

60. Now, let me ask you a few questions about your parent-in-laws.

Are your husband's parents alive?

_____No (Skip to 62)

_____Mother alive

_____Father alive

_____Both alive

61. Is any living with you in this household?

_____Yes _____No

↓

61a) Where he/she/they are living?

_____in this Bari

_____in this village

_____other village

62. (Interviewer: Ask Q.62a - 62e for each of the items listed in the following table one by one. For Q.62a - 62c you should write "No" or relation to the respondent under the respective item. For Q.62d and 62e you should write "yes" or "no" under the respective item)

Questions	1 Finalising family budget for Edd/puja	2 Akika (naming)/ Annoproshad (first rice) to children in your family	3 Going to your parent's house	4 Consulting doctor for a sick child	5 Purchasing new land/business establishment
62.a) Who in your household make decision in _____ (item)?					
62.b) Does he/she consult you in making the decision?					
62.c) Does he/she consult any other member of your Bari? (If yes) Who is he/she?					
62.d) (If mother-in-law alive, but not living in the same household and not mentioned in 62c) Does he/she consult your mother-in-law before taking the decision)					
62.e) (If father-in-law alive, but not living in the same household and not mentioned in 62c) Does he/she consult your father-in-law before making the decision?					

E. Perceived Attitudes of Influential Referents

63. Usually one consults relatives, friends and neighbours on important matters before he or she takes any action. I want to know whom you consider most influential and whom you would likely consult about pregnancy and contraception.

Have you ever discussed with your mother about contraception? (Interviewer: Enter the following table and tick (√) appropriate response in 63a. Then ask Q.63b. Repeat the above stated question for all other categories of relatives one by one and proceed as instructed)

Category of relatives	63.a) Discuss.				63.b) Does she agree to your practising contraceptives		
	Yes	No	N.A.	Diseased	Yes	No	Uncertain
Mother							
Sister							
Brother's wife							
Mother-in-law							
Sister-in-law							
Wife of husband's brother							
Any other family member (specify relation to respondent) _____							
Any other Bari member (specify relation to respt.)_____ _____							

64. How is the attitude of your Samaj head toward use of contraceptives by you or other married women of your Samaj? (Interviewer: Enter the following table and tick (✓) the appropriate response. Repeat the question for other categories of persons one by one.

Category of persons	Attitude			
	Favourable	Against	Uncertain	N.A. (deceased)
a) Samaj head				
b) Bari head				
c) Father-in-law				
d) Mother-in-law				

65. In case of practising contraception by you or your husband do you think it important to seek approval of your Samaj head? (Interviewer: Enter the following table and tick (✓) the appropriate response. Repeat the question for other categories of persons one by one.

Category of persons	Response			
	Favourable	Against	Uncertain	N.A.
a) Samaj head				
b) Bari h ad				
c) Father-in-law				
d) Mother-in-law				

66. Is the FVW a rel tive of yours?

_____No _____Yes

(Specify the relation)_____

F. Parent's Expectation

67. Now, coming back to the question of your children, if your sons are able to pass examinations, what level of schooling do you expect them to receive?

_____class/level (including Maktab)

_____No need of schooling

67.a) Why do you not consider need of schooling for your sons?

(verbatim)_____

---

68. (If more than primary school is mentioned in 67 then ask this question). Now a days, higher education for children is very expensive, do you think you could afford the educational expense for your sons?

_____Yes _____No/uncertain

68.a) Do you think some other source could be available for their education?

_____Yes _____No →

↓

What source?

(Verbatim)_____

How you can fulfil your desire then?

(verbatim)_____

69. How about your daughters? What level of schooling do you expect them to receive?

_____class/level (including Maktab)

_____No need of schooling

↓

69.a) Why do you not consider need of schooling for your daughters?

(Verbatim)_____

70. (If more than premary school is mentioned in 69 then ask this question) Do you think that you can afford educational expense for your daughters?

_____Yes _____No/Uncertain

70.a) Do you think some other sources could be available for their education?

_____Yes _____No →

↓

What source?

(Verbatim)_____

How you can fulfil your desire then?

(Verbatim)_____

71. Do you expect any assistance from your sons in the future?

_____Yes _____No

↓

71.a) Why do you not expect any assistance from your sons?

(Verbatim)_____

(Skip to 73)

72. What kind of assistance do you expect from yours sons? For example, food, shelter, financial help, other? (✓)

_____ Food

_____ Shelter

_____ Financial help

_____ Other (specify)_____

73. Do you expect any assistance from your daughters in the future)

___Yes ___No

73.a) Why do you not expect any future assistance from your daughters?

(Verbatim)_____

_____

(Skip to 75)

74. What kind of assistance do you expect from your daughters? For example, food, shelter, financial help, other?

_____Food

_____Shelter

_____Financial help

_____Other (specify)_____

75. Do you expect to live with your children and grand children in your old age?

Yes, why? (verbatim)_____

No, why? (verbatim)_____

G. Awarness about Out-side World

76. Now, let me ask you a few questions about your husband.

Has your husband ever lived in a town or city?

_____No _____Yes

↓

76.a) In which town/city did he live?

_____
(name of town/city)

(In case of more than one town/ city, write the name of town/ city last lived in)

77. Has your husband visited a town/city in past one year?

_____No _____Yes

↓

77.a) Which town did your husband visit?

_____
(name of town/city last visited)

77.b) How many times did he visit in past one year?

_____times

78. How about you? Have you ever lived in a town/city?

_____No _____Yes

↓

78.a) In which town/city did you live?

_____
(name of town/city last lived in)

79. Have you visited a town/city in past one year?

_____No _____Yes

79.a) Which town/city did you visit?

_____
(name of town/city last visited)

79.b) How many times did you visit in past one year?

_____(times)

80. Have you ever gone to movies?

_____No (Skip to 82)

_____Yes

81. Have you gone to movies in past one year?

_____No _____Yes, How many times? _____

82. Do you have any relatives in town/city?

_____No (Skip to 84)

_____Yes, in which town/city?_____

83. Do(es) they (he or she) visit(s) you regularly?

_____No

_____Yes, more than once in a year

_____Yes, once in a year

_____Ocassionaly

84. Do you listen to the radio?

_____No (Skip to 86

_____Yes

84.a) About how often?

_____every day

_____once a week

_____occasionally

85. What programmes do you usually listen to?

i) _____

ii) _____

iii) _____

86. Does your family subscribe to any news paper or magazine?

No

Yes, newspaper: (name)_____

Yes, magazine: (name)_____

H. Interviewer's Note

a) Who were present during the interview?

_____children _____relatives _____neighbours

b) Did this person(s) help respondent during the interview?

_____Yes _____No _____NA

c) Which of the questions the respondent gave doubtful answers?

	Question No.	Reason for doubt
i)		
ii)		

d) How cooperative was the respondent?

_____very cooperative _____cooperative

_____very uncooperative _____ uncooperative

Name of Interviewer:_____

Date of interview:_____