

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Principal Investigator Sk. Md. Aminul Islam Trainee Investigator (if any) NA
 Application No. 97-013 Supporting Agency (if Non-ICDDR,B) USAID
 Title of Study Determinants of Unmet Need for Family Planning in Dhaka City, Bangladesh 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).
- Source of Population: NA
 - Ill subjects Yes No
 - Non-ill subjects Yes No
 - Minors or persons under guardianship Yes No
 - Does the study involve:
 - Physical risks to the subjects Yes No
 - Social Risks Yes No
 - Psychological risks to subjects Yes No
 - Discomfort to subjects Yes No
 - Invasion of privacy Yes No
 - Disclosure of information damaging to subject or others Yes No
 - Does the study involve:
 - Use of records, (hospital, medical, death, birth or other) Yes No
 - Use of fetal tissue or abortus Yes No
 - Use of organs or body fluids Yes No
 - Are subjects clearly informed about:
 - Nature and purposes of study Yes No
 - Procedures to be followed including alternatives used Yes No
 - Physical risks Yes No
 - Sensitive questions Yes No
 - Benefits to be derived Yes No
 - Right to refuse to participate or to withdraw from study Yes No
 - Confidential handling of data Yes No
 - Compensation &/or treatment where there are risks or privacy is involved in any particular procedure Yes No NA
 - Will signed consent form be required:
 - From subjects Yes No
 - From parent or guardian (if subjects are minors) Yes No NA
 - Will precautions be taken to protect anonymity of subjects Yes No
 - Check documents being submitted herewith to Committee:
 - Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies). Protocol (Required)
 - Abstract Summary (Required)
 - Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)
 - Informed consent form for subjects
 - Informed consent form for parent or guardian
 - Procedure for maintaining confidentiality
 - Questionnaire or interview schedule *
- * If the final instrument is not completed prior to review, the following information should be included in the abstract summary:
- 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.
 - Examples of the type of specific questions to be asked in the sensitive areas.
 - An indication as to when the questionnaire will be presented to the Cttee. for review.

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

Sk. Md. Aminul Islam
Principal Investigator

Trainee

Principal Investigator: Last, first, middle : Islam, Sk. Md. Aminul

International Centre for Diarrhoeal Disease Research, Bangladesh <h2 align="center">RESEARCH PROTOCOL</h2>	FOR OFFICE USE ONLY Protocol No: _____ Date: _____ RRC Approval: Yes/ No Date: _____ RRC Approval: Yes/No Date: _____	
1. Title of Project (Do not exceed 60 characters including spaces and punctuation) Determinants of Unmet need for Family Planning in Dhaka City, Bangladesh		
2a. Name of the Principal Investigator(s) (Last, Middle, First). Islam, Sk. Md. Aminul	2b. Position / Title MCH-FP Program Specialist	2c. Qualifications MD, MPH
3. Name of the Division/ Branch / Programme of ICDDR,B under which the study will be carried out. Health and Population Extension Division		
4. Contact Address of the Principal Investigator MCH-FP Extension Project (Urban) Health and Population Extension Division, ICDDR,B	4b. Fax No: 886050, 883116 4c. E-mail: skamin@bangla.net 4d. Phone / Ext: 9881661	
5. Use of Human Subjects Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5a. Use of Live Animal Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5b. If Yes, Specify Animal Species
6. Dates of Proposed Period of Support (Day, Month, Year - DD/MM/YY) 01/07/97 - 31/12/97	7. Cost Required for the Budget Period 7a. 1 st Year (\$): _____ 2 nd Year (\$): _____ 3 rd Year: _____ 7b. Direct Cost (\$): 7,470 Total Cost (\$): 9,786	
8. 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. Syed Shamim Ahsan _____ Name of the Division Director <u> </u> ✓ <u> </u> 6/16/97 _____ (Signature) Date of Approval		

9. 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.	10. Signature of PI <u> </u> Date: 16 June 1997
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Principal Investigator: Last, first, middle : Islam, Sk. Md. Aminul

Sk. Md. Aminul Islam	Determinants of Unmet need for Family Planning in Dhaka City, Bangladesh	
Principal Investigator	Project Name	
	01/07/97	30/06/98
Total Budget	Beginning Date	Ending Date

PROJECT SUMMARY: Government of Bangladesh has set its demographic goal of reaching replacement-level fertility by the year 2005. It implies about ten million additional users of family planning methods, and about 2% increase of contraceptive prevalence rate per year. The concept of unmet need for family planning becomes particularly significant in the context of this formidable task. This concept relates to women whose fertility intentions resemble those of the current users of family planning (i.e., they want to space or limit childbearing), but their fertility behavior, for certain reasons, does not (i.e., they do not use family planning).

22.9% (over four million) of the married reproductive age women in Bangladesh have an unmet need for family planning (Barkat et al., 1996) which is about a third of the total need (met and unmet) for family planning in the country. It is anticipated that most women with unmet need will be using family planning if barriers to non-use are identified and addressed.

Little is known about the factors which determine unmet need, not only in Bangladesh, but globally. Almost the entire knowledge came from the secondary analysis of Demographic and Health Surveys data. There are two major concerns regarding the conclusions based on Demographic and Health Surveys. Firstly, the respondents reported only one ("major") reason for not using a family planning method when in reality women often have multiple reasons for this. Secondly, the analyses were limited to the factors available in the primary data set which was generated with a different purpose, and hence some important factors influencing unmet need might have been unintentionally left out.

A need for differential focus on the urban areas has been acknowledged in the National Integrated Population and Health Program (1997-2004) of Bangladesh on the basis of rural-urban as well as intra-urban (slum-nonslum) differences in the delivery and utilization of services. The MCH-FP Extension Project (Urban) of ICDDR,B has been given the responsibility of designing and testing a system for delivering an Essential Service Package (which include all the family planning services) in the urban areas. The proposed study aims to generate information toward the design of such a system. The information may ultimately be used by the policy makers and program managers for developing an unmet need strategy for the urban areas.

Specific objectives of the study are: a) to estimate unmet need for family planning among 15-49 year old non-pregnant non-amenorrheic women in the study site; and b) to identify factors influencing unmet need for family planning in the study population.

The study will test the following hypotheses:

1. A large proportion of the unmet need for family planning in the study population will be explained by the following barriers: a) strength of childbearing preference; b) level of knowledge about method-choices, access to sources, side-effects of family planning methods and side-effect management services; c) husband's desire for additional children; d) husband's attitude toward family planning, and e) adequacy of services.
2. The above-mentioned barriers will have differential influence on the unmet need for spacing and unmet need for limiting: some of the barriers will have greater influence on the unmet need for spacing, whereas other barriers will have greater influence on the unmet need for limiting.
3. The above-mentioned barriers will have differential influence on the unmet need among past users and never users of family planning: some of the barriers will have greater influence on the unmet need among past users of family planning, whereas other barriers will have greater influence on the unmet need among never users of family planning.

The study will be conducted using existing resources of the MCH-FP Extension Project (Urban). Data will come from a cross-sectional survey of the Project's Urban Panel Survey (UPS) sample. About 2,900 women will be interviewed. The survey will be administered by the UPS interviewers during one of their quarterly UPS update visits. A pre-coded questionnaire will be used for the survey. The questionnaire has already been field-tested. Data quality will be checked by reinterviewing all eligible women in 10% of the clusters chosen randomly.

Data will be analyzed by the principal investigator using the SAS software. The most parsimonious models will be developed for (total) unmet need, unmet need for spacing and unmet need for limiting. Moreover, these models will be developed for the (total) study population as well as for the past-users and the never-users of family planning. The final models will include the factors that significantly influence different types of unmet need in different subgroups of women. The amount of unmet need explained by these models and the contribution of different factors included in the final models to the explained unmet need will be quantified, and thus specific study hypotheses can be tested.

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

Name	Professional Specialty	Role in the Project
1. Sk. Md. Aminul Islam	MD, MPH	Principal Investigator
2. Abdullah Hel Baqui	MBBS, MPH, DrPH	Project Director, Co-investigator

DESCRIPTION OF THE RESEARCH PROJECT

Hypothesis to be tested:

1. A large proportion of the unmet need for family planning in the study population will be explained by the following barriers:
 - strength of childbearing preference
 - level of knowledge about method-choices, access to sources, side-effects of family planning methods and side-effect management services
 - husband's desire for additional children
 - husband's attitude toward family planning, and
 - adequacy of services.
2. The above-mentioned barriers will have differential influence on the unmet need for spacing and unmet need for limiting: some of the barriers will have greater influence on the unmet need for spacing, whereas other barriers will have greater influence on the unmet need for limiting.
3. The above-mentioned barriers will have differential influence on the unmet need among past users and never users of family planning: some of the barriers will have greater influence on the unmet need among past users of family planning, whereas other barriers will have greater influence on the unmet need among never users of family planning.

The first hypothesis has been based on the findings of earlier studies/analyses that were published in the literature. We do not have prior knowledge regarding the second and third hypotheses. Discussion with the urban program managers and service providers, and clients visiting urban primary health care centers led to the inclusion of these hypotheses. They indicated that the factors influencing unmet need may be different for different types of unmet need and for different subgroups of women. Moreover, the contribution of each factor may vary depending on the types of unmet need and sub-groups of women.

Specific Aims:

1. To estimate unmet need for family planning among 15-49 year old non-pregnant non-amenorrheic women in the study site.
2. To identify factors influencing unmet need for family planning in the study population.

Background of the Project including Preliminary Observations:

Government of Bangladesh has set its demographic goal of reaching replacement-level fertility (a fertility rate of 2.2, or a two-child family norm) by the year 2005 through increasing the contraceptive prevalence rate to 70% from the level of 45% in 1993-94. It implies about ten million additional users of family planning methods, and about 2% increase of contraceptive prevalence rate per year. This is a formidable task, especially, since each unit of additional increase in the contraceptive prevalence rate will become increasingly difficult as non-users of family planning group will gradually shrink to predominantly include "hard-nut-to-crack" couples.

The national demographic goal presents several major challenges to the national family planning program. Challenge one, as defined in the government document, is how to motivate current non-users to become users, particularly those who have indicated that they intend to limit or space their children. (1) The concept of unmet need for family planning becomes particularly significant in this context.

This concept relates to women whose fertility intentions resemble those of the current users of family planning (i.e., they want to delay or avoid/limit childbearing), but their fertility behavior, for certain reasons, does not (i.e., they do not use family planning).

Unmet need for family planning is defined on the basis of women's responses to survey questions regarding their childbearing preferences and use of family planning methods. Conventionally, these are 10-49 year old women who are married or living in union - and thus presumed to be sexually active. They are categorized into three groups for the purpose of defining need (and subsequently unmet need) for family planning: pregnant, amenorrheic and non-pregnant non-amenorrheic. The unmet need for family planning is further categorized into two types: unmet need for spacing and unmet need for limiting.

A woman is said have an *unmet need for spacing* in the following instances respectively: a) the pregnant woman was not using any family planning method to delay her current pregnancy; b) the amenorrheic woman was not using any family planning method to delay her last pregnancy; and c) the non-pregnant non-amenorrheic woman is not using any family planning method to delay childbearing.

A woman is said have an *unmet need for limiting* in the following instances respectively: a) the pregnant woman was not using any family planning method to avoid current pregnancy; b) the amenorrheic woman was not using any family planning method to avoid last pregnancy; and c) the non-pregnant non-amenorrheic woman is not using any family planning method to avoid childbearing.

A woman is said to have an *unmet need for family planning* if she has either an unmet need for spacing or an unmet need for limiting. The pregnant and amenorrheic women who became pregnant while using a method, and the menopausal and infecund women, however, are excluded from the definition of unmet need.

The **unmet need for spacing** conventionally indicates the percentage of 10-49 year old women who are married or living in union and who have an unmet need for spacing. Similarly, **unmet need for limiting** indicates the percentage of 10-49 year old women who are married or living in union and who have an unmet need for limiting. The **(total) unmet need for family planning** is the sum of unmet need for spacing and unmet need for limiting. It thus indicates the percentage of 10-49 year old women who are married or living in union and who have an unmet need for spacing or for limiting.

Bangladesh Demographic and Health Survey (BDHS) 1993-1994 estimated that the unmet need for spacing was 10.4%, for limiting 9%, the total being 19.4%¹. These estimates were lower in the urban area, for spacing-7.1%, for limiting-8.6%, and the total-15.7%. (2) Using the same data set, and apparently the same definition Barkat et al., however, estimated that the unmet need for spacing, for limiting and the total were 10%, 12.9% and 22.9% respectively. (3)

¹The BDHS used the comprehensive definition of unmet need with one difference: it did not include the women who live in union outside the marriage.

Applying these statistics to the population of married reproductive age women, it is estimated that over 4,000,000 women in the country and over 600,000 women in the urban areas have unmet need for family planning.

Comparing these statistics with those for total need for family planning, it is estimated that about one-third of the total need in the country, and about one-fifth of that in the urban areas are being unmet.

The policy makers and program managers need adequate and accurate information regarding the factors that explain the unmet need for developing strategies to reduce it. However, little is known in this regard, not only in Bangladesh, but globally. Almost the entire knowledge came from the secondary analysis of Demographic and Health Surveys data. There are two major concerns regarding validity of the conclusions based on Demographic and Health Surveys. Firstly, the respondents reported only one (major) reason for not using a family planning method when in reality women often have multiple reasons for this. Secondly, the analyses were limited to only a few individual, contextual and program factors, presumably because only those and no other variables were available in the primary data set. Therefore, a study of the factors which are likely to explain unmet need, using data which is collected specifically for this purpose, is warranted. Such a study will provide necessary information for developing appropriate strategies for reducing unmet need.

Currently, about a fifth of the country's population live in the urban areas. As per 1991 census, the urban population was growing at a rate of 5.43% during 1981-91 while the population of the country was growing at the rate of 2.17% in the same period. (4) Although the urban areas have better health and family statistics than the rural, there are large intra-urban differences between slums and non-slums, and the slum population have worse health and family planning status than the rural population. (5) The urban areas differ greatly from the rural areas in terms of service providers. A substantial proportion of essential health and family planning services are provided by the non-governmental organizations (NGOs) and private practitioners unlike in the rural areas where most health and family planning services are provided through a structured government health and family planning service delivery system. Multiple service providers often provide the same, often narrow range of services in the same areas leaving geographical gaps in service delivery. (6)

A need for differential focus on the urban areas has been acknowledged in the National Integrated population and Health Program (1997-2004) of Bangladesh on the basis of rural-urban as well as intra-urban (slum-nonslum) differences in the delivery and utilization of services. The MCH-FP Extension Project (Urban) of ICDDR,B has been given the responsibility of designing and testing a system for delivering an Essential Service Package (which include all the family planning services) in the urban areas. The project has also been assigned to conduct operations research for improving the quality and coverage of clinical contraceptive services in the urban areas. In this context, this study becomes particularly relevant.

The literature search conducted in early 1997 on unmet need for family planning identified only a few research articles, almost all of which has been based on Demographic and Health Surveys data. The association of unmet need for family planning with different factors which was identified during literature review are described below.

Childbearing preference of the women: The role of the stated childbearing preference of the women in predicting subsequent reproductive behavior has been studied by Tan and Tey, Hermalin et al. and others. Tan and Tey matched the data from the 1984 Malaysian Population and Family Survey with birth registration records for 1985-87 and found that the stated fertility intention provides fairly accurate forecasts of fertility behavior in the subsequent period. In other words, whether a woman has another child is predicted closely by whether she wanted another additional child. (7)

Hermalin et al. related the desires for additional children of 18-39 year old Taiwanese women expressed in 1967 to their subsequent behavior in a seven year period. They used multivariate analyses to assess the relative predictive value of desire for more children and use of contraception as compared with a battery of ten demographic and socio-economic variables. They found that desire for more children was the most important determinant of contraceptive use. (8)

Findings of the two above-mentioned studies justify the concept of unmet need, and indicate the need for determining the factors which prevents women to realize their fertility intention.

Casterline et al. investigated the 'strength' of childbearing preferences of the women as a potential determinant of unmet need in the Philippines. Respondents were asked a number of questions aimed at detecting weak adherence to expressed preferences. They concluded that weakly held preferences account for some unmet need. However, they mentioned that the evidence is suggestive but not conclusive. (9)

From the findings Casterline et al. also concluded that conflicting preferences of spouses as reported by them separately make an important contribution to unmet need. (9)

Tan and Tey also found that subsequent fertility behavior was better explained by the joint intentions of the spouses, rather than by either partner's sole intentions. (7)

Kabir et al. also argued in favor of the later conclusion of Casterline et al.. According to them, "in a society like Bangladesh where women have no say and have no status in the family building process, the responses of the wives that they want no more children, have no practical relevance". The question remains whether their husbands want more children. Thus consistency in the preferences of both husband and wife is required before such preferences are translated into demand for family planning services. (10)

Woman's age: Ahmed used 1984-85 Pakistan Contraceptive Prevalence Survey data to look at determinants of unmet need for family planning. He found that chance of having an unmet need for family planning (odds ratio) decline gradually and are lowest for women aged 45 and higher, after controlling for number of living children and other variables. (11)

Analyzing the 1993-94 BDHS data, Barkat et al. observed that woman's age was the best predictor of unmet need for family planning in the Khulna division of Bangladesh. (3)

Women's education: Barkat et al. observed that women's education was the second best predictor of unmet need in the Dhaka and Chittagong divisions of Bangladesh. (3)

Number of living children: Barkat et al. identified parity as the best predictor of unmet need for family planning in the Barishal and Chittagong divisions of Bangladesh and also in the whole country. (3)

Ahmed found that parity exhibits stronger effect on unmet need at higher level when other variables were controlled. (11)

Open birth interval: This was identified by Barkat et al. as the best predictor of unmet need in the Dhaka and Rajshahi divisions of Bangladesh. (3)

Perceived risk of conceiving: Casterline et al. observed a perceived lower risk of conceiving among unmet need women, especially among women expressing need for spacing. They observed that unmet need women conceded a certain risk of becoming pregnant, but considered it too small to justify the various costs and inconveniences of family planning. (9)

Mitra et al. observed that difficulty to get pregnant, infrequent sex and menopause were the main reasons for nonuse by 47% of women who were not using contraceptives during the survey and who did not want to use it in the future. However, there were more women over 30 years age in this group. (2)

Bongaarts et al. identified infrequent sex as a reason for unmet need. (12)

Family planning knowledge: BDHS 1993-1994 reported that knowledge of the pill, female sterilization and injection is almost universal in Bangladesh. More than four out of five married women know the IUD, condom and male sterilization. Periodic abstinence is known by two thirds of the women, and withdrawal by about half. Knowledge about sources of supply for family planning methods is also widespread. Almost all currently married women are aware of a source of a modern method. There are no significant differences in knowledge of methods and their sources of supply by background characteristics of currently married women. (2)

An earlier study conducted in rural Bangladesh by Akhter et al. explored knowledge of the women regarding advantage and disadvantage of the methods, as perceived by them. It was found that a majority of the woman did not have knowledge in this area, except for pill and sterilization. This study also found that among the respondents who were not family planning or were using traditional method, about 31% did not know where they could obtain a family planning method. This indicates that definition of knowledge may be an issue while determining its influence on unmet need. (13)

This concern was raised by Bongaarts et al. as well. They analyzed DHS data from 13 developing countries using a combined knowledge index to obtain a more comprehensive assessment of knowledge that equals the proportion who spontaneously mentioned at least one method and knew its source and offered an opinion on its possible side-effects. Using this combined knowledge index they observed lack of knowledge is a major reason for unmet need. For example, when the combined knowledge index was used, 42% of women with unmet need in Sri Lanka lack knowledge of a method. Bongaarts et al., however, considered their knowledge index as incomplete since it did not assess a woman's knowledge of how to use a method. (12)

Health concerns (including side-effects): Bongaarts et al. identified health concerns as the second major reason of unmet need. (12)

BDHS 1993-94 findings strongly indicate that health concerns may be a major reason of unmet need. Half of the contraceptive users in Bangladesh would stop using within 12 months of starting. First year contraceptive discontinuation rates vary by methods. Rates for pill, IUD, injection, condom, periodic abstinence and withdrawal are 45%, 37%, 58%, 72%, 45% and 55% respectively. Among those who discontinued within first year of method use, 21% did so because of side effects or health concerns with the method. (2)

An analysis of DHS data from six countries by Mohammed Ali and John Cleland also revealed that health concerns, including side-effects, were the main reason for discontinuation of family planning, and thereby may be a major reason of unmet need. (14)

Casterline et al. looked into relative prevalence of health fears among users and non-users of family planning. They observed that women with unmet need, especially those with unmet need for limiting, were more likely to view the pill and ligation as "more" or "equally" harmful to health compared to pregnancy. (9)

Husbands approval to family planning: Bongaarts et al. observed that a large proportion of women with unmet need in Africa reported husband's disapproval of family planning. (12)

BDHS 1993-94 revealed that the main reason for discontinuing use of condom during the five years preceding the survey was disapproval of the husband (25%). (2)

Access: Bongaarts et al. looked at the correlation between the unmet need of nine countries by median distance to nearest family planning facilities in the rural areas. They observed no significant correlation between these two variables. They concluded that except in settings with low density of service points, distance to service points were apparently not an overriding deterrent to contraceptive use. (12)

Casterline et al. observed no marked differentials in reported access (defined by knowledge of source, difficulty to obtain method, and cost of method) to services between users and non-users of family planning. (9)

However, BDHS 1993-94 data indicate that during the five years preceding the 1993-1994 survey, one in ten segments of injection use was interrupted due to problems in availability or accessibility. (2)

Population Reports # 43 summarized the findings of several research and review articles, and indicated that availability of preferred methods may be a reason for unmet need. It was also indicated that various costs (monetary, psychological, time etc.) and (perceived) poor quality of services may limit access to family planning. (15)

Women's empowerment status: Schuler et al. investigated the influence of women's (empowerment) status on their family planning use in rural Bangladesh. They observed that three dimensions of empowerment had statistically significant effects on contraceptive use: women's economic security and contribution to family support, freedom of mobility, and relative freedom from domination by the family. (16, 17)

Research Design and Methods

Framework for Explaining Unmet Need for Family Planning

At a certain level of need for family planning, the unmet need (inversely) depend on the level of family planning use. Hence, the factors which determine the use of family planning by the women who have the need for family planning, in deed, thereby determine unmet need.

The inconsistency between need and use of services has been the focus of many research, and many theoretical models of health services seeking behaviors have been developed and tested. Most talked about are the "cognitive models". These models focus on things that go in people's heads to explain behavioral change: knowledge, beliefs, attitudes, perceptions. One theoretical perspective of this model - Health Belief Model, originally developed by Lenwin and further expanded by Rosenstock, has been widely applied to study relationship between attitude (need) and behavior (use of services).

According to this model, perceived susceptibility to a disease/condition (pregnancy for example) and perceived seriousness of it form perceived threat of the disease/condition in the person's mind. Certain demographic (age, sex etc.), sociopsychological (personality, social class etc.), and structural (knowledge about the disease, prior contact with the disease etc.) variables influence individual's perception of susceptibility, seriousness of the disease/condition and perceived threat of it. These variables also form the perception of benefits of and barriers to preventive action, which provides a preferred path of preventive health behavior. However, the behavior may not yet be materialized unless some cues to action (mass media campaign, advice from others etc.) come into play. (18, 19, 20)

It is important to note that the model is predicted on the premise that 'health' is a highly valued concern or goal for most individuals, and also that 'cues to action' are highly prevalent; where these conditions are not satisfied, the model is not likely to be useful in, or relevant to, explaining behavior.

Janz and Becker reviewed 24 health belief model related investigations on preventive health behavior. They concluded that overall, these investigations provided very substantial empirical evidence supporting health belief model dimensions as important contributors to the explanation and prediction of individual's preventive health behavior. These studies established that individuals may not undertake a preferred course of action due to economic or environmental factors. Or they may undertake certain behavior for non-health reasons. These factors which serve as disincentives or obstacles are commonly termed as barriers. (21)

The concept of barrier may be applied to family planning which is considered as a preventive behavior. Drawing from the findings of the health belief model related investigation, this study proposes an explanation of unmet need for family planning that certain factors serve as barriers to the use of family planning by women despite their preference to delay or avoid childbearing. The same approach has been taken by Casterline et al. to explain the unmet need in the Philippines though may be from different considerations.

Casterline et al investigated two sets of explanations for unmet need: a) that unmet need is an artifact of survey measurement of fertility preference and family planning use; and b) that certain factors serve as barriers to the use of family planning by women (which is mentioned above). They concluded that for most of the respondents unmet need was not an artifact of survey measurement. (9)

This particular study takes a similar approach as the second set of explanations forwarded by Casterline et al.. However, the number and content of the barriers to be studied will differ from those in the Casterline study. Also, this study will look differentially into the unmet need for spacing and unmet need for limiting. This may be particularly relevant for developing unmet need strategies since the investments for and implications of reducing one type of unmet need will differ from the other.

It is expected that the unmet need will be explained not by a single but a combination of barriers. Certain interactions among barriers are expected to significantly contribute to unmet need. Different combinations of barriers are expected to account for different types of unmet need. Contributions of a particular barrier to the explanations of different types of unmet need are expected to differ as well.

Study variables

The dependent variable of this study are different types of unmet need for family planning: need for spacing, need for limiting and (total) unmet need.

The independent variables are classified into three groups. Please refer to appendix #1 for these variables.

The variables to be studied have been identified through literature review and discussion with family planning program managers. Programmatic implications of each variable and concerns of validity and reliability of measurement guided the selection of these variables.

Methodology/Design Issues

The study population will be somewhat different from what is warranted according to the conventional definition of unmet need. In this study unmet need for family planning will be studied among **15-49 year old currently married non-pregnant non-amenorrheic women**. Women who will not be covered under this study include:

1. unmarried women, irrespective of whether they are sexually active or not, since they are not targeted for family planning by the national program, and their inclusion will be culturally sensitive;
2. currently married women of 10-14 year age since only 3% of women in this age group are currently married (4), and even a smaller proportion are biologically susceptible to pregnancy; and
3. currently pregnant and amenorrheic women for a) interviewing them will involve a recall long in the past (several months to more than a year), and b) they may not be very different from the currently non-pregnant non-amenorrheic women population. Also, the contribution of unmet need of these categories of women to the total are considerably lower in comparison to the non-pregnant non-amenorrheic women. For example, Barkat et al. observed that the non-pregnant non-amenorrheic women accounted for about 68% of the total unmet need.

Data Source and Sampling:

Data will come from a cross-sectional survey of the Urban Panel Survey (UPS) sample of MCH-FP Extension Project (Urban) of ICDDR,B, Centre for Health and Population Research. The survey will be administered by the UPS interviewers during one of their quarterly UPS update visits.

The UPS was established in one zone of Dhaka (out of a total ten) city in 1994. A multi-stage areal probability sampling method was used to select the UPS sample.

This zone is divided into nine supervisory areas for providing MCH-FP services by the NGO partner of the MCH-FP Extension Project, the Concerned Women for Family Planning. Three supervisory areas were selected for operations research interventions, and each one is called a sample area. The rest six supervisory units formed the "comparison area" for these interventions.

First, three sample areas and 15 randomly selected neighborhoods out of a total of 77 in the comparison areas were sketch-mapped. Then geographically discrete primary sampling units (PSUs) consisting of 40-200 households were identified. Each primary sampling unit was divided into 1-4 slum or non-slum clusters, each consisting of about forty five households.

The PSUs were defined as slum or non-slum on the basis of the following criteria:

- a) predominantly poor housing (shacks, kutcha or semi-pucca flimsy structures, old building in bad conditions),
- b) very high population density (300 or more persons per acre of land) or room crowding (three or more adults per room), and
- c) poor sewerage and drainage facility.

25 and 15 clusters respectively were selected using probability proportionate to size sampling method from the slum and non-slum PSUs in each of the three sample areas and the comparison area. Thus there are one slum and one non-slum strata in each area, the total number of strata being eight. 5,940 households in 160 clusters having 30,800 population including 5,700 currently married women were sampled for UPS. It is relevant to mention here that there may be one or more pockets on non-slum housing in a slum cluster and vice versa. These households were also included in the cluster sample, and are treated as to where they belong. It is necessary to mention that since the sampling fractions of different strata were unequal, appropriate weighting factors are used to analyze UPS data.

Available data suggest that the unmet need, met need and no need for family planning in the urban areas will be around 20%, 50% and 30% respectively. Applying to this the observation of Barkat et al. that 68% of the unmet need in the country is located among the non-pregnant non-amenorrhic women, and supposing that the proportion to non-pregnant non-amenorrhic women in the UPS sample is 83%, there will be about $5700 \times (0.20) \times (0.68) \times (0.83) = 643$ non-pregnant non-amenorrhic women with unmet need, about 1607 women whose needs are currently met, and about 964 women with no need for family planning. The proposed cross-sectional survey would include all these women. Expecting a 90% response rate, the survey will yield a total sample size of $(643 + 1607 + 964) \times (0.90) = 2892$ women.

Justification for sample size: In this particular study two things were considered for determining the required sample size: a) the sample size should be large enough to allow estimation of the unmet need in the study population; and it should also be large enough to allow testing of the association of unmet need with the independent variables for statistical significance.

The sample size for a population proportion "p" may be calculated using the following formula:

$$n = (z_{1-\alpha/2})^2 \cdot p(1-p) / d^2. \quad (22)$$

Assuming that the unmet need for family planning in the study population may not exceed a level of 30%, a precision of 0.03 (10% of the expected level) and a confidence level of 95% (i.e., $\alpha = 0.05$), the sample size should be 896. Adjusting for a design effect=2 for cluster sampling strategy, the required sample size becomes $896 \times 2 = 1792$. Hence, the proposed sample size is large enough for estimating the unmet need in the study population. The sample size should also be large enough for estimating the unmet need for spacing and limiting levels of which are smaller than the total unmet need for family planning.

Statistical comparison among estimates of unmet need at different levels of the independent variables will be done using χ^2 test. Though most of the variables will be measured at the nominal and ordinal levels, χ^2 test may be used, which approximates the normal distribution to the binomial or multinomial distribution under fairly normal circumstances in which $np > 5$, where "n" is sample size and "p" is sample proportion. The rule of the thumb for rationalizing the use of χ^2 test for all practical purposes is that each cell of a "r" by "c" table will have to contain at least five observations. (23)

To justify the sample size for χ^2 testing we need anticipated distribution of met need and unmet need for family planning across different categories of each independent variable and examine if each cell would contain at least five observations or not.

However, anticipated distribution of met need and unmet need for family planning could be extrapolated only for three independent variables (age, education and parity) since the estimates of the unmet need across different levels of other independent variables which is required for such calculation are not available.

Extrapolation for woman's age:

Age group	# currently married women (Extrapolated from the UPS baseline estimates)	Percent of non-pregnant non-amenorrheic women with unmet need in the age group unmet need in the age group*(0.68)	# non-pregnant non-amenorrheic women with unmet need in the age group	# women with unmet need in the age group of the study sample # women in the age group*(0.9)	# women with met need in the age group of the study sample # women with unmet need*(2.5)
< 19	724	15.6	112	100	250
20-24	1,288	14.0	180	162	405
25-29	1,168	13.6	158	142	355
30-34	963	15.6	150	135	377
35-39	798	17.7	141	126	315
40-44	433	18.4	79	71	177
45-49	330	19.0	62	55	137
Total	7,004		882	791	2,016

The total extrapolated numbers of women in the sample having unmet and met need (highlighted in the table) are about 23% higher than their estimates in the previous page since the reference proportion used here is the national level unmet need, not the urban ones.

However, even if we estimate these values at 23% lower level each of these cells will have more than five women. Hence the sample size is adequate to allow statistical significance testing of the association of unmet need with age. In the same way it was found that the sample size would allow statistical significance testing of the association of unmet need with education and parity as well.

Data Quality Check:

The questionnaire for data collection has been reviewed together question by question with the interviewers and then field-tested in another area of Dhaka city prior to finalization.

Three Field Research Officers (FROs) will be responsible for management and supervision of the interviewers. The interviewers will complete a "Daily Status Form", which will list the households visited in each day and outcome of each visit (interview completed, respondent absent, respondent refused). Using this form the FROs will randomly select 10% of the clusters, rotating between interviews, and will conduct quality-check reinterview.

About ten questions will be used for reinterview. The questions will be selected on the basis of the following three criteria: a) response to them will not change within a few days; b) response to them will not be subjected to a lot of recall error; and c) there will be scope for asking these questions to each non-pregnant non-amenorrheic woman. The quality check interviews will be compared with the original interviews by the principal investigator within one week of the reinterview. The discrepancies, if found, will be dealt with technically and administratively.

Completed questionnaire will be submitted to the FRO who will conduct the initial editing of all interviews. If missing or incomplete information was identified, the interviewer will be requested to revisit the respondent, if necessary, to correct the interview. Questionnaires will then be sent to the principal investigator who will edit each questionnaire again and, if necessary, will return the problematic ones to the FRO for clarification and/or correction.

Data Analysis

Data will be entered by the data entry technicians of the project using Epi-Info software. Data will be analyzed by the principal investigator using the SAS software.

The eventual purpose of data analysis is to develop the most parsimonious models of *a*) (total) unmet need for family planning, unmet need for spacing and unmet need for limiting in the study population; *b*) (total) unmet need for family planning, unmet need for spacing and unmet need for limiting among the past-users of family planning, and *c*) (total) unmet need for family planning, unmet need for spacing and unmet need for limiting among the never-users of family planning that still explains the data. It is anticipated that through building these models the factors influencing different types of unmet need in the study population as well as in the past-users and never-users subgroup will be identified. The variables included in the hypotheses are expected to be included in the final models. The amount of unmet need explained by these models and the contribution of different independent variables included in the final models to the explained unmet need will be quantified, and thus specific study hypotheses can be tested.

Univariate descriptive analysis will be the first step of data analysis. Frequency tables will be created and data will be explored by looking at the tables. Also, central tendencies will be looked at for continuous independent variables. This exercise will reveal if the distribution of values are within the expected level, and if there are considerable amount of missing values.

The next step of data analysis is bivariate analysis using χ^2 test in order to understand the association between the dependent and independent variables and also among the independent variables. This is the initial step toward selection of variables for the explanatory model.

Multiple logistic regression method will be applied for modeling in this study. Any variable whose χ^2 probability is <0.25 will be considered for the multivariate regression. Following the fit of the multivariate model, the importance of each variable included in the model will be verified. This will include: a) an estimation of the Wald statistic for each variable and b) a comparison of each estimated coefficient with the coefficient from the univariate model containing only that variable. Variables that do not contribute to the model on these criteria will be eliminated, and a new model fit. The new model will be compared to the old model through the likelihood ratio test. Also, the remaining variables will be compared to those from the full model. Marked changes of the coefficients of some variables in magnitude may indicate that one or more of the excluded variables was important in the sense of providing a needed adjustment of the effect of the variable that remained in the model. This process of deleting, refitting, and verifying will continue until it appears that all the important variables are included in the model and those excluded are statistically unimportant. Once such a model is obtained, interaction terms will be included in the model, and the same process of deleting, refitting, and verifying will continue until it appears that all the important variables and interaction terms are included in the model and those excluded are statistically unimportant.

The final models will be employed to assess what percentage of the unmet need is explained by the models (all the variables together which have been included in the final models), to calculate the contribution of each variables to explained unmet need, and thus to test the hypotheses.

Ethical Assurance for Protection of Human Rights

Asking people questions about their personal experiences involves a consideration of the ethical issues posed by the process. To be responsive to this consideration, consent will be requested from each interviewee. However, not written but verbal consent will be obtained since a large majority of the respondents are expected to be illiterate. A standard written consent form will be read out to the women, and interviews will take place only after consent is given. A copy of the consent form will be left with the woman as well.

The interviews will be conducted in private to the extent possible. Only the information generated through the study will be disseminated, and the identity of individual respondents will be kept confidential.

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Principal Investigator: Last, first, middle : Islam, Sk. Md. Aminul

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Dissemination and Use of Findings

The findings will be disseminated in the Bangladesh Ministry of Health and Family Welfare, the donor community and the NGO community supporting and working in the field of family planning in Bangladesh and abroad.

Principal Investigator: Last, first, middle : Islam, Sk. Md. Aminul

Biography of the Investigators

Name	Position	Date of Birth
Sk. Md. Aminul Islam	MCH-FP Program Specialist	1 April 1954

Academic Qualifications (Begin with baccalaureate or other initial professional education)

Institution and Location	Degree	Year	Field of Study
Rostov on Don State Medical Institute, Russia	MD	1983	Medical Science
JHU School of Hygiene and Public Health, USA	MPH	1993	Public Health

Professional Experience

- 1984 - 1985:** *Medical Intern*, Rajshahi Medical College Hospital, Rajshahi, Bangladesh
- 1985 - 1987:** *Community Health Care Program Coordinator*, Gono Unnayan Prochesta/ People's Development Efforts (a Bangladesh PVO), Rajoir, Madaripur District, Bangladesh
- 1987 - 1992:** *Public Health Officer/Child Survival Program Manager*, Save the Children (USA), Bangladesh Field Office, Dhaka, Bangladesh
- 1993 - 1994:** *Technical Specialist*, Johns Hopkins University School of Hygiene and Public Health, PVO Child Survival Support Program, Baltimore, Maryland, USA
- 1994 - 1995:** *Program Officer (Health)*, International Action Against Hunger (AICF/USA), Somalia Primary Health Care Program, Northeast Somalia
- 1995-present:** *MCH-FP Program Specialist*, MCH-FP Extension Project (Urban), ICDDR,B, Dhaka, Bangladesh

Biography of the Investigators

Name	Position	Date of Birth
Abdullah H Baqui	Project Director	3 March 1953

Academic Qualifications (Begin with baccalaureate or other initial professional education)

Institution and Location	Degree	Year	Field of Study
Dhaka Medical College, Bangladesh	MBBS	1976	Medical Science
JHU School of Hygiene and Public Health, USA	MPH	1985	Public Health
JHU School of Hygiene and Public Health, USA	DrPH	1990	International Public Health

Research and Professional Experience

1977 - 1978: *Medical Intern*, Dhaka Medical College, Dhaka, Bangladesh

1978 - 1981: *Medical Officer*, Matlab Health Research Station, ICDDR,B, Bangladesh

1981 - 1987: *Physician-in-Charge*, Clinical Services, Matlab Health Research Station, ICDDR,B, Bangladesh

1987 - 1990: *Senior Medical Officer/Assistant Scientist*, Department of Epidemiology, ICDDR,B, Bangladesh

1990 - 1994: *Head, Research and Evaluation*, Urban Health Extension Project, ICDDR,B, Bangladesh

1994-present: *Project Director*, RISC Project, ICDDR,B, Bangladesh

1994-present: *Project Director*, MCH-FP Extension Project (Urban), ICDDR,B, Bangladesh

1990-present: *Research Associate & Assistant Scientist*, Department of International Health, Johns Hopkins University School of Hygiene and Public Health, USA

Continuation Sheet

SELECTED PUBLICATIONS:

Baqui AH, Black RE, Sack RB, Yunus M, Siddique AK and Chowdhury HR. "Epidemiologic and clinical characteristics of Acute and Persistent Diarrhoea in Rural Bangladeshi Children." *Acta Paediat Scand Suppl* 381:15-21, 1992

Baqui AH, Sack RB, Black RE, Yunus M, Haider K, Alim ARM, Siddique AK. "Enteropathogens associated with Acute and Persistent Diarrhoea in Rural Bangladeshi Children". *The Journal of Infectious Disease* 1992; 166:792-6

Baqui AH, Black RE, Sack RB, Chowdhury HR, Yunus M, Siddique AK. Malnutrition, Cell-Mediated immune deficiency and diarrhoea: A community-based longitudinal study in rural Bangladeshi children. *Am J Epidemiol* 1993; 137(3):355-65.

Baqui AH, Black RE, Yunus M, Haque ARMA, Chowdhury HR, and Sack RB. "Methodologic Issues in Diarrhoeal Diseases Epidemiology : Definition of Diarrhoeal Episodes." *International Journal of Epidemiology* 1991;20(4).

Baqui AH, Sack RB, Black RE et al. Malnutrition and cell-mediate immune deficiency are independent risk factors for persistent diarrhoea in Bangladeshi children. *Am J Clin Nutr* 1993; 58:453-8.

Baqui AH, Black RE, Mitra AK, Chowdhury HR, Zaman K, Fauveau V, Sack RB. Diarrhoeal diseases: The Matlab experience. In: Fauveau V. ed. *Mother and child health in Bangladesh: What has been learned in Matlab*. Dhaka: ICDDR.B 1993

Baqui AH, Yunus M, and Zaman K. "Community-Operated Treatment Centers Prevented Many Cholera Deaths". *J Diar Dis Research* 1984; 2(2): 92-98.

Baqui AH, Yunus M, Zaman K. "Surveillance of Patients attending a rural diarrhea hospital in Bangladesh". *Tropical and Geographical Medicine* 1991; 43(1-2):17-22.

Baqui AH, Zaman K, Yunus M, Mitra AK, Hossain KMB and Banu H. "Epidemiological and Clinical Characteristics of Shigellosis in Rural Bangladesh". *J Diar Dis Research* 1988; 6(1):21-28.

Baqui AH, Arifeen SA, Amin S, Black RE. Levels and Correlates of Maternal Nutritional Status and Consequences for Child Survival in Urban Bangladesh. *Eur J Clin Nutr* 1994, 48,349-357

Baqui AH, Francisco A de, Arifeen SE, Siddique AK and Sack RB. Bulging fontanelle after supplementation with 25,000 IU vitamin A in infancy using EPI contacts. *Acta Paed Scand* 1995, 84:863-6

Detailed Budget

Project Title: Determinants of Unmet need for Family Planning in Dhaka City, BangladeshName of PI: Sk. Md. Aminul IslamProtocol Number: _____ Name of Division: Health and Population Extension DivisionFunding Source: USAID Amount Funded (direct): US\$ 7,470 Total: US\$ 9,786
Overhead (%): 31%Starting Date: 01/07/97Closing Date: 31/12/97Strategic Plan Priority Code(s) : _____ Research Issue Code # : 21 (Family Planning)
Discipline Code # : 97 (Health Services and Policy Research)

Sl. No	Account Description	Salary Support			US \$ Amount Requested		
		Personnel	Position	Effort %	Monthly Salary in US \$	1 st Yr.	2 nd Yr.
	Principal Investigator (1 NOC for 6 months)	MCH-FP Program Specialist	20%	1,150	1,380		
	Data Management (1 GSV for 3 months)	Data Management Supervisor	30%	421	380		
	Field Supervision (3 GSV for 3 months)	Field Research Officer	30%	421	1,140		
	Interview (4 GSIV for 3 months)	Field Research Assistant	30%	323	1,160		
	Interview (8 GSIII for 3 months)	Field Research Assistant	30%	270	1,940		
	Data entry (3 GSIV for 3 months)	Data Management Assistant	30%	323	870		
	Sub Total				6,870		
Supplies and Materials (Description of Items)							
	Questionnaire printing				500		
	Stationary				100		
	Sub Totals				600		

TOTAL DIRECT COST**US \$ 7,470**

Budget Justifications

Please provide one page statement justifying the budgeted amount for each major item. Justify use of man power, major equipment, and laboratory services.

Interviewers: 3000 women ÷ 15 interviews per day = 200 interviewer days = 12 persons' 30% time for 55 working days (3 months)

Supervisor: 300 women ÷ 30 reinterviews per day = 10 supervisor days = 1 person's 30% time for 5 working days
plus
1 person's 30% time for 55 working days for supervision and trouble-shooting
plus
1 person's 30% time for 55 working days for editing the questionnaires
= 3 persons' 30% time for 55 working days

Data entry person: 3000 women × 40 field ÷ 2,500 entries per day = 48 data entry days = 3 persons' 30% time for 55 working days

Data entry supervisor: 1 person's 30% time for 55 working days for supervision, coding and system design

Other Support

Describe sources, amount, duration, and grant number of all other research funding currently granted to PI or under consideration. (DO NOT EXCEED ONE PAGE FOR EACH INVESTIGATOR)

Not applicable

Principal Investigator: Last, first, middle : Islam, Sk. Md. Aminul

International Centre for Diarrhoeal Disease Research, Bangladesh

Voluntary (Verbal) Consent Form

Title of the Research Project:

Determinants of Unmet Need for Family Planning in Dhaka City, Bangladesh

Principal Investigator:

Sk. Md. Aminul Islam

The interviewer will read the following to each woman (s)he intends to interview:

I am an employee of ICDDR,B (Cholera Hospital). We have undertaken a special study to understand the need of the urban population for family planning services, and the issues associated with fulfilling/not fulfilling this particular need. I would like to ask you a few questions for this study. This will take about half an hour. We expect that the information which will be generated through this study will be used to improve governmental and non-governmental family planning programs for the urban population.

Your participation in this study should not cause you any harm since we are only asking you some questions. We are aware that some of the questions we plan to ask you will be personal. Therefore we will use only the information you give us, and will keep your identity secret.

We will appreciate if you kindly agree to answer my questions for this study. However, if you do not want to answer my questions, that is okay. If you answer to some questions and do not answer to other questions, that is also okay. Whether you answer to my questions or not, you will always be able to use services offered by ICDDR,B (Cholera Hospital) like anyone else. If you have any questions about the study, you can contact the principal investigator of this study, Sk. Md. Aminul Islam at the Urban MCH-FP Extension Project, at ICDDR,B, Mohakhali, Dhaka.

Do you agree to answer the questions I have for this study? Yes No

The interviewer will write her/his name, signature and the date in the spaces below if the woman agrees to answer the questions for this study:

.....
(Interviewer's name)

.....
(Interviewer's signature)

.....
(Date)

The interviewer will give a copy of this consent form to each woman (s)he interviews, and mark in the appropriate box below:

Consent form given to the woman:

Yes

No

আইসিডিডিআর,বি (কলেরা হাসপাতাল) স্বৈচ্ছাপ্রদত্ত (মৌখিক) সম্মতিপত্র

গবেষণার শিরোনামঃ ঢাকা শহরের জনগণের মধ্যে যে সমস্ত কারণের প্রভাবে পরিবার পরিকল্পনা সেবার চাহিদা পূরণ হচ্ছে বা হচ্ছেনা তা চিহ্নিত করা।

মূল গবেষকঃ শেখ মোঃ আমিনুল ইসলাম।

সাক্ষাৎকার গ্রহণকারী/ কারিণী নিম্নলিখিত বক্তব্যটি যার সাক্ষাৎকার নিতে চান তাকে পড়ে শোনাবেনঃ

আমি আইসিডিডিআরবি'র (কলেরা হাসপাতালের) একজন কর্মী। আমরা ঢাকা শহরের জনগণের মধ্যে যে সমস্ত কারণে পরিবার পরিকল্পনা সেবার চাহিদা পূরণ হচ্ছে অথবা হচ্ছেনা তা বোঝার জন্য একটি বিশেষ গবেষণা প্রকল্প হাতে নিয়েছি। এ গবেষণার জন্য আমি আপনাকে কিছু প্রশ্ন করতে চাই। এতে প্রায় আধ ঘন্টা সময় লাগবে। এ গবেষণার ফলে যে তথ্য পাওয়া যাবে তা সরকারী ও বেসরকারী পর্যায়ে শহর এলাকার জনগণের জন্য পরিবার পরিকল্পনা সেবার উন্নয়নে ব্যবহার হবে বলে আমরা আশা রাখি।

এই গবেষণায় অংশগ্রহণ করলে আপনার ক্ষতির কোন সম্ভাবনা নাই, কারণ আমরা আপনাকে শুধু কিছু প্রশ্ন জিজ্ঞেস করব। আমি যে সমস্ত প্রশ্ন আপনাকে জিজ্ঞেস করতে চাই তার কিছু যে ব্যক্তিগত সে বিষয়ে আমরা সচেতন। সে জন্য আমরা শুধু আপনার দেয়া তথ্যই ব্যবহার করব, এবং আপনার পরিচয় গোপন রাখব।

যদি দয়া করে এই গবেষণা সংক্রান্ত আমার প্রশ্নগুলির উত্তর দেন তবে আমরা কৃতজ্ঞ হব। যদি আপনি আমার প্রশ্নের উত্তর দিতে না চান, কোন অসুবিধা নাই। আপনি যদি কিছু প্রশ্নের উত্তর দেন এবং কিছু কিছু প্রশ্নের উত্তর না দেন, তাতেও কোন অসুবিধা নাই। আপনি আমার প্রশ্নের উত্তর দেন অথবা না দেন, অন্য যে কারণে মতই আইসিডিডিআরবি'র (কলেরা হাসপাতালের) সেবা নিতে পারবেন। এ গবেষণা সম্পর্কে আপনার কোন প্রশ্ন থাকলে মূল গবেষক, ঢাকার মহাখালীতে অবস্থিত আইসিডিডিআরবি'র আরবান এক্সটেনশন প্রজেক্টের শেখ মোঃ আমিনুল ইসলামের সাথে যোগাযোগ করতে পারেন।

আপনি কি আমার প্রশ্নগুলির উত্তর দিতে রাজী আছেন? হ্যাঁ না

মহিলা যদি উত্তর দিতে রাজী হন তবে সাক্ষাৎকার গ্রহণকারী/কারিণী নীচের ফাঁকা জায়গাতে নিজের নাম, স্বাক্ষর এবং তারিখ লিখবেন।

(সাক্ষাৎকার গ্রহণকারী/কারিণীর নাম)

(সাক্ষাৎকার গ্রহণকারী/কারিণীর স্বাক্ষর)

(তারিখ)

সাক্ষাৎকার গ্রহণকারী/কারিণী সাক্ষাৎকার প্রদানকারী মহিলাকে এই সম্মতিপত্রের একটি কপি দেবেন, এবং নীচের বক্স যথারীতি পূরণ করবেন।

মহিলাকে সম্মতিপত্র দেয়া হয়েছেঃ হ্যাঁ না

June 16, 1997

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH (ICDDR,B)
MCH-FP EXTENSION PROJECT (URBAN)

"UNMET NEED FOR FAMILY PLANNING QUESTIONNAIRE"
[Eligibility: 15-49 year old currently married non-pregnant non-amenorrhic women]

STRATA # |__|__|

CLUSTER # |__|__|

STRUCTURE # |__|__|__|__|

HOUSEHOLD # |__|__|

NAME OF HOUSEHOLD HEAD _____ SERIAL # |__|__| PERSONAL # |__|__|__|__|

NAME OF RESPONDENT _____ SERIAL # |__|__| PERSONAL # |__|__|__|__|

AGE OF RESPONDENT |__|__|

INTERVIEWER # |__|__|

DATE OF INTERVIEW: ___/___/___
DD MM YY

INTERVIEWEE # |__|__|__|__|

SECTION 1: Individual information

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
101	Are you now married, widowed, divorced or separated?	Married 1 Widowed or divorced or separated 2	→ End interview
102	How long ago did you marry your (present) husband?	Duration in completed years <input type="text"/> <input type="text"/>	
103	When did your last menstrual period start?	Days ago <input type="text"/> <input type="text"/> Weeks ago <input type="text"/> <input type="text"/> Months ago <input type="text"/> <input type="text"/> Years ago <input type="text"/> <input type="text"/> Other (specify)	→ End interview if the answer is > 5 years ago
104	Have you ever been pregnant?	Yes 1 No/not sure 2	→ Skip to 106
105	Have you been pregnant within last five years?	Yes 1 No 2	→ Skip to 107
106	Have you used anything or tried in way <i>within last five years</i> to delay or avoid getting pregnant?	Yes 1 No 2	→ Check answer to 102. If the duration of marriage is five or more years, end interview
107	Have you ever given birth?	Yes 1 No 2	→ Skip to 110
108	How long ago did you have the last child birth?	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	
109	Has your menstrual period returned since the last child birth?	Yes 1 No 2	
110	Are you pregnant now?	Yes 1 No 2 Unsure 3	→ End interview → Check answer to 109. If the answer is "no", end interview
111	Would you like to have a/another child or would you prefer not to have any (more) children?	Have a/another child 1 No more 2 Undecided 3	→ Skip to 114 → Mark "undecided" for 112 and "not so strong" for 113, then skip to 114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
112	How long would you like to wait from now before the birth of a/another child?	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Do not want to wait/want child immediately Undecided	→ If the answer is <2 years, end interview → If the answer is <24 months, end interview → End interview → Mark "not so strong" for 113, then skip to 114
113	Are your feeling of wanting/not wanting a/another child very strong, moderately strong, or not very strong?	Very strong 1 Moderately strong 2 Not very strong 3	
114	Before we discussed it today, did you ever think about whether or not you wanted to have a/another child?	Yes 1 No 2 Do not remember 3	
115	How easy do you think it would be for you to get pregnant if you and your husband wanted to have a/another child? Probe if necessary.	Easy 1 Not so easy 2 Quite difficult 3	
116	Do you think that it is really possible to delay or avoid pregnancy (by using a family planning method)?	Yes 1 Unsure 2 No 3	
117	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes 1 No 2	→ Skip to 119
118	How many sons live with you? And how many daughters live with you	Number of sons . . <input type="text"/> <input type="text"/> Number of daughters <input type="text"/> <input type="text"/>	
119	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes 1 No 2	→ Skip to 121
120	How many sons do not live with you? And how many daughters do not live with you?	Number of sons <input type="text"/> <input type="text"/> Number of daughters <input type="text"/> <input type="text"/>	
121	Have you ever attended school?	Yes 1 No 2	→ Skip to 123
122	What is the highest class you completed?	Class <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
123	Do you do any other works in addition to the usual household chore for which you receive payment (either in cash or kinds)?	Yes 1 No 2	→ Skip to 128
124	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> _____ <input type="text"/> _____	
125	Do you earn cash for this work? Probe: Do you make money for working?	Yes 1 No 2	→ Skip to 127
126	Most of the time when you work for cash, do you decide how the money you earn will be used, or does someone else decide how your earnings are used?	Respondent decides 1 Someone else decides 2 Jointly 3	
127	Do you work at home or away from home?	Home 1 Away 2	
128	Do you have any asset of your own or any cash savings which generate income, for example, house, business, agricultural land etc.?	Yes 1 No 2	→ Check answer to 123. If the answer is "no", skip to 131
129	Do you contribute to the family expenditure from your own income?	Yes 1 No 2	→ Skip to 131
130	What proportion of the family expenditure is supported from your income? (Probe if necessary)	All 1 Most 2 Some 3 Little 4	
131	Now a days many women go outside their neighborhood alone or with their young children. Do you also go outside your own neighborhood alone or with your young children?	Yes 1 No 2 Not allowed to go out 3 Other (specify)	→ Skip to 133 → Skip to 133
132	How many times in a month do you usually go outside your own neighborhood alone or with your young children?	_____ <input type="text"/>	
133	In general, do you approve or disapprove of couples using a method to delay or avoid pregnancy?	Approve 1 Indifferent/no opinion 2 Disapprove 3	
134	What is your religion?	Islam 1 Hinduism 2 Buddhism 3 Christianity 4 Other (Specify) 5	

SECTION 2: Family planning knowledge

201	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?</p> <p>Circle code 1 in 202 for each method mentioned spontaneously. Then proceed down the column, reading the name and description of each method not mentioned spontaneously. Circle code 2 if method is recognized, and code 3 if not recognized. Then, for each method with code 1 or 2 circled in 202 ask 203-206 before proceeding to the next method.</p>					
		<p>202. Have you ever heard of (Method)?</p> <p>Read description of each method</p>	<p>203. Where can one get (Method)?</p> <p>Circle all mentioned</p>	<p>204. Have you (or your husband ever used (Method)?</p>	<p>205. Which health problems, if any, may be caused from the use of (Method)?</p> <p>Circle all mentioned</p>	<p>206. Where can one get advice or treatment if one faces a health problem from the use of (Method)?</p> <p>Circle all mentioned</p>
	<p>01 PILL, MAYA/ SUKHI etc.</p> <p>Women can take a pill every day.</p>	<p>Yes/ spontaneous 1 Yes/ probed . . . 2 No 3</p>	<p>Government/non-government family planning clinics: yes 01 no 02</p> <p>Government/non-government family planning workers: yes 01 no 02</p> <p>Pharmacy: yes 01 no 02</p> <p>Other _____ : yes 01</p> <p>Other _____ : yes 01</p> <p>Do not know</p>	<p>Yes . . . 1 No . . . 2</p>	<p>Weight gain: yes . . . 01 no 02</p> <p>Weight loss: yes . . . 01 no 02</p> <p>Hypertension: yes . . . 01 no 02</p> <p>Headache: yes . . . 01 no 02</p> <p>Nausea: yes . . . 01 no 02</p> <p>Other _____ : yes . . . 01</p> <p>Other _____ : yes . . . 01</p> <p>Do not know</p> <p>No health problems</p>	<p>Government/non-government family planning clinics: yes 01 no 02</p> <p>Government/non-government family planning workers: yes 01 no 02</p> <p>Other _____ : yes 01</p> <p>Other _____ : yes 01</p> <p>Do not know</p>

	<p><u>02</u> IUD/ COPPER T</p> <p>Women can have something placed inside their womb by a doctor or a nurse.</p>	<p>Yes/ spontaneous 1 Yes/ probed . . . 2 No 3</p>	<p>Government/non-government family planning clinics: yes 01 no 02 Other _____ : yes 01 Other _____ : yes 01 Do not know</p>	<p>Yes . . . 1 No . . . 2</p>	<p>Excessive bleeding: yes . . . 01 no 02 Menstrual Irregularities/ Irregular bleeding: yes . . . 01 no 02 Lower abdominal pain: yes . . . 01 no 02 White discharge: yes . . . 01 no 02 Other _____ : yes . . . 01 Other _____ : yes . . . 01 Do not know No health problems</p>	<p>Government/non-government family planning clinics: yes 01 no 02 Other _____ : yes 01 Other _____ : yes 01 Do not know</p>
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<p><u>Q3</u> INJECTIONS</p> <p>Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.</p>	<p>Yes/ spontaneous 1 Yes/ probed . . . 2 No 3</p>	<p>Government/non-government family planning clinics: yes 01 no 02</p> <p>Government/non-government family planning workers: yes 01 no 02</p> <p>Other _____ : yes 01</p> <p>Other _____ : yes 01</p> <p>Do not know</p>	<p>Yes . . . 1 No . . . 2</p>	<p>Weight gain: yes . . . 01 no 02</p> <p>Excessive bleeding: yes . . . 01 no 02</p> <p>Menstrual Irregularities/ Irregular bleeding: yes . . . 01 no 02</p> <p>Hypertension: yes . . . 01 no 02</p> <p>Headache: yes . . . 01 no 02</p> <p>Dizziness: yes . . . 01 no 02</p> <p>Other _____ : yes . . . 01</p> <p>Other _____ : yes . . . 01</p> <p>Do not know</p> <p>No health problems</p>	<p>Government/non-government family planning clinics: yes 01 no 02</p> <p>Government/non-government family planning workers: yes 01 no 02</p> <p>Other _____ : yes 01</p> <p>Other _____ : yes 01</p> <p>Do not know</p>
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<p>04 CONDOM, RAJA/ PANTHER etc.</p> <p>Men can use a rubber sheath during sexual intercourse.</p>	<p>Yes/ spontaneous 1 Yes/ probed . . . 2 No 3</p>	<p>Government/non-government family planning clinics: yes 01 no 02</p> <p>Government/non-government family planning workers: yes 01 no 02</p> <p>Pharmacy: yes 01 no 02</p> <p>Other _____ : yes 01</p> <p>Other _____ : yes 01</p> <p>Do not know</p>	<p>Yes . . . 1 No . . . 2</p>	<p>_____ : yes . . . 01</p> <p>_____ : yes . . . 01</p> <p>Do not know</p> <p>No health problems</p>	<p>Government/non-government family planning clinics: yes 01 no 02</p> <p>Government/non-government family planning workers: yes 01 no 02</p> <p>Other _____ : yes 01</p> <p>Other _____ : yes 01</p> <p>Do not know</p>
<p>05 FEMALE STERILIZATION/ TUBAL LIGATION</p> <p>Women can have an operation to avoid having any more children.</p>	<p>Yes/ spontaneous 1 Yes/ probed . . . 2 No 3</p>	<p>Government/non-government family planning clinics: yes 01 no 02</p> <p>Other _____ : yes 01</p> <p>Other _____ : yes 01</p> <p>Do not know</p>	<p>Have you ever had an operation to avoid having any more children ?</p> <p>Yes . . . 1 No . . . 2</p>	<p>_____ : yes . . . 01</p> <p>_____ : yes . . . 01</p> <p>Do not know</p> <p>No health problems</p>	<p>Government/non-government family planning clinics: yes 01 no 02</p> <p>Other _____ : yes 01</p> <p>Other _____ : yes 01</p> <p>Do not know</p>
<p>06 MALE STERILIZATION/ VASECTOMY</p> <p>Men can have an operation to avoid having any more children.</p>	<p>Yes/ spontaneous 1 Yes/ probed . . . 2 No 3</p>	<p>Government/non-government family planning clinics: yes 01 no 0203</p> <p>Other _____ : yes 01</p> <p>Other _____ : yes 01</p> <p>Do not know</p>	<p>Yes . . . 1 No . . . 2</p>	<p>_____ : yes . . . 01</p> <p>_____ : yes . . . 01</p> <p>Do not know</p> <p>No health problems</p>	<p>Government/non-government family planning clinics: yes 01 no 02</p> <p>Other _____ : yes 01</p> <p>Other _____ : yes 01</p> <p>Do not know</p>

<p><u>Q7</u> SAFE PERIOD/ COUNTING DAYS/ CALENDAR METHOD/ RHYTHM METHOD</p> <p>Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.</p>	<p>Yes/ spontaneous 1 Yes/ probed . . . 2 No 3</p>	<p>Where can one get advice on how to comply with the safe period method of family planning?</p> <p>_____ : yes 01</p> <p>_____ : yes 01</p> <p>Do not know</p>	<p>Yes . . . 1 No . . . 2</p>	<p>_____ : yes . . . 01</p> <p>_____ : yes . . . 01</p> <p>Do not know</p> <p>No health problems</p>	
<p><u>Q8</u> WITHDRAWAL</p> <p>Men can be careful and pull out before ejaculation.</p>	<p>Yes/ spontaneous 1 Yes/ probed . . . 2 No 3</p>	<p>Where can one get advice about withdrawal method of family planning?</p> <p>_____ : yes 01</p> <p>_____ : yes 01</p> <p>Do not know</p>	<p>Yes . . . 1 No . . . 2</p>	<p>_____ : yes . . . 01</p> <p>_____ : yes . . . 01</p> <p>Do not know</p> <p>No health problems</p>	

SECTION 2 : Family planning use

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
301	Check answer to 203 and mark 1 or 2 as appropriate.	Current or past user (at least one single "yes") 1 Never user (not a single "yes") 2	→ Skip to 334
302	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes 1 No 2	→ Skip to 318
303	(CURRENT USER) Which method are you using?	Pill 01 IUD 02 Injections 03 Condom 04 Female sterilization 05 Male sterilization 06 Safe period 07 Withdrawal 08 Other (specify)	
304	How long have you been using this method?	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	
305	Is it the method you wanted to use?	Yes 1 Cannot remember 2 No 3	→ Skip to 308 → Skip to 308
306	Which method did you want to use?	Pill 01 IUD 02 Injections 03 Condom 04 Female sterilization 05 Male sterilization 06 Safe period 07 Withdrawal 08 Other (specify)	
307	Why are you using a method different from the one you initially wanted to use?	_____ <input type="text"/> <input type="text"/> _____ _____ _____ <input type="text"/> <input type="text"/> _____	
308	Are/were you having any health problems in using (Method)?	Yes 1 No 2	→ Skip to 314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
309	What health problems are/were you having in using (Method)? Underline first response Circle all mentioned	Weight gain: yes 1 no 2 Weight loss: yes 1 no 2 Excessive bleeding: yes 1 no 2 Menstrual Irregularities/ Irregular bleeding: yes 1 no 2 Hypertension: yes 1 no 2 Dizziness: yes 1 no 2 Headache: yes 1 no 2 Nausea: yes 1 no 2 Weakness: yes 1 no 2 Lower abdominal pain: yes 1 no 2 White discharge: yes 1 no 2 Other _____ : yes 1 Other _____ : yes 1 Do not know	
310	Did you seek advice/treatment from a qualified doctor or a family planning worker for these health problems you are having in using (Method)?	Yes 1 No 2	→ Skip to 312
311	Why did you not seek advice/treatment from a qualified doctor or a family planning for these health problems you are having in using (Method)?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/> _____	→ Skip to 314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
312	Did you get any advice/treatment?	Yes 1 No 2	→ Skip to 314
313	Would you say that the advice/treatment you got was quite satisfactory, more or less satisfactory or not satisfactory at all?	Quite satisfactory 1 More or less satisfactory . . . 2 Not satisfactory at all 3 Does not know	
314	Are/were you having any other (non-health) problems in using (Method)?	Yes 1 No 2	→ Skip to 317
315	What other (non-health) problems are/were you having?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____ <input type="checkbox"/> <input type="checkbox"/> _____	
316	How would you rank these (non-health) problems: major, moderate or minor?	Major 1 Moderate 2 Minor 3 Does not know	
317	Check answer to 308 and 314. If any of the answer is "yes" ask this question, otherwise skip to 401. Why are you using (Method) despite having all these (health and/or non-health) problems?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____ <input type="checkbox"/> <input type="checkbox"/> _____	→ Skip to 401
318	(PAST USERS) Which method of family planning did you use most recently?	Pill 01 IUD 02 Injections 03 Condom 04 Female sterilization 05 Male sterilization 06 Safe period 07 Withdrawal 08 Other (specify)	
319	How long did you use this method?	Months <input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> <input type="checkbox"/>	
320	How long ago did you stop using the method?	Months <input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> <input type="checkbox"/>	
321	Was it (Method) you initially wanted to use?	Yes 1 No 2 Cannot remember	→ Skip to 324 → Skip to 324

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
322	Which method did you want to use?	Pill 01 IUD 02 Injections 03 Condom 04 Female sterilization 05 Male sterilization 06 Safe period 07 Withdrawal 08 Other (specify)	
323	Why did you use a method different from the one you initially wanted to use?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
324	Were you having any health problems in using (Method)?	Yes 1 No 2 Cannot remember	→ Skip to 330 → Skip to 330

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
325	What health problems were you having in using (Method)? Underline first response Circle all mentioned	Weight gain: yes 1 no 2 Weight loss: yes 1 no 2 Excessive bleeding: yes 1 no 2 Menstrual Irregularities/ Irregular bleeding: yes 1 no 2 Hypertension: yes 1 no 2 Dizziness: yes 1 no 2 Headache: yes 1 no 2 Nausea: yes 1 no 2 Weakness: yes 1 no 2 Lower abdominal pain: yes 1 no 2 White discharge: yes 1 no 2 Other _____ : yes 1 Other _____ : yes 1 Do not know	
326	Did you seek advice/treatment from a qualified doctor or a family planning worker for these health problems you experienced in using (Method)?	Yes 1 No 2	→ Skip to 328
327	Why did you not seek advice/treatment from a qualified doctor or a family planning worker for these health problems you experienced in using (Method)?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/> _____	→ Skip to 330

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
328	Did you get any advice/treatment?	Yes 1 No 2	→ Skip to 330
329	Would you say that the advice/treatment you got was quite satisfactory, more or less satisfactory or not satisfactory at all?	Satisfactory 1 More or less satisfactory . . 2 Not satisfactory at all 3 Does not know	
330	Were you having any other (non-health) problems in using (Method)?	Yes 1 No 2 Does not remember	→ Skip to 333 → Skip to 333
331	What other (non-health) problems were you having?	<hr/> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 15px; margin-left: 10px;"></div> <hr/> <hr/> <hr/> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 15px; margin-left: 10px;"></div> <hr/> <hr/>	
332	How would you rank these (non-health) problems: major, moderate or minor?	Major 1 Moderate 2 Minor 3 Does not know	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
333	What were the reasons you stopped using the method? Underline first response Circle all mentioned	Wants child: yes 1 no 2 Husband wants child: yes 1 no 2 Woman opposes: yes 1 no 2 Husband opposes: yes 1 no 2 Family members opposes: yes 1 no 2 Cost too much: yes 1 no 2 Side effects during past use: yes 1 no 2 Health concerns: yes 1 no 2 Hard to get methods: yes 1 no 2 Preferred method not available: yes 1 no 2 Religious reason: yes 1 no 2 Fatalistic: yes 1 no 2 Infrequent sex/Husband away: yes 1 no 2 Difficult to get pregnant: yes 1 no 2 Menopausal/hysterectomy: yes 1 no 2 Inconvenient: yes 1 no 2 Other _____ : yes 1 Other _____ : yes 1 Do not know	<h1>Skip to 401</h1>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
334	<p>(NEVER USERS) Why did you never use family planning? Underline first response Circle all mentioned</p>	<p>Wants child: yes 1 no 2</p> <p>Husband wants child: yes 1 no 2</p> <p>Opposes family planning: yes 1 no 2</p> <p>Husband opposes: yes 1 no 2</p> <p>Family members opposes: yes 1 no 2</p> <p>Cost too much: yes 1 no 2</p> <p>Side effects during past use: yes 1 no 2</p> <p>Health concerns: yes 1 no 2</p> <p>Hard to get methods: yes 1 no 2</p> <p>Preferred method not available: yes 1 no 2</p> <p>Religious reason: yes 1 no 2</p> <p>Fatalistic: yes 1 no 2</p> <p>Infrequent sex/Husband away: yes 1 no 2</p> <p>Difficult to get pregnant: yes 1 no 2</p> <p>Menopausal/hysterectomy: yes 1 no 2</p> <p>Inconvenient: yes 1 no 2</p> <p>Other _____ : yes 1</p> <p>Other _____ : yes 1</p> <p>Do not know</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
335	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	Yes 1 No 2 Do not know 91	→ Skip to 401 → Skip to 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
336	<p>What are the reasons you do not intend to use a method? Highlight first response Circle all mentioned</p>	<p>Wants child: yes 1 no 2</p> <p>Husband wants child: yes 1 no 2</p> <p>Woman opposes: yes 1 no 2</p> <p>Husband opposes: yes 1 no 2</p> <p>Family members opposes: yes 1 no 2</p> <p>Cost too much: yes 1 no 2</p> <p>Side effects during past use: yes 1 no 2</p> <p>Health concerns: yes 1 no 2</p> <p>Hard to get methods: yes 1 no 2</p> <p>Preferred method not available: yes 1 no 2</p> <p>Religious reason: yes 1 no 2</p> <p>Fatalistic: yes 1 no 2</p> <p>Infrequent sex/Husband away: yes 1 no 2</p> <p>Difficult to get pregnant: yes 1 no 2</p> <p>Menopausal/hysterectomy: yes 1 no 2</p> <p>Inconvenient: yes 1 no 2</p> <p>Other _____ : yes 1</p> <p>Other _____ : yes 1</p> <p>Do not know</p>	

SECTION 4: Contextual information

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTION/ (ATTENTION)
401	How old is your husband?	Age in completed years <input type="text"/> <input type="text"/>	
402	Did he ever attend school?	Yes 1 No 2	→ Skip to 404
403	What is the highest class he completed?	Class <input type="text"/> <input type="text"/>	
404	As you know, different families have different economic status. Some families struggle for survival, others do better. Would you say that your family income is sufficient enough for buying family food and clothing, and if applicable, paying for house rent?	Yes 1 No 2	→ Skip to 406
405	Is some savings possible after all the household expenditure?	Yes 1 No 2	
406	Does your husband want you to have more children or does he want you to have <u>no more</u> child?	Yes 1 No more 2 Do not know/never discussed/husband indifferent 3	
407	Do you think that your husband approves or disapproves of couples using a method to delay or avoid pregnancy?	Approves 1 Disapproves 2 Does not know or never discussed	
408	Did you talk to your husband about family planning in the last year?	Yes 1 No 2	
409	How often have you talked to your husband about family planning in the last year?	Several times or less 1 Many times 2	

June 16, 1997

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH (ICDDR,B)
MCH-FP EXTENSION PROJECT (URBAN)

"UNMET NEED FOR FAMILY PLANNING QUESTIONNAIRE"
[Eligibility: 15-49 year old currently married non-pregnant non-amenorrheic women]

STRATA # |__|__|

CLUSTER # |__|__|

STRUCTURE # |__|__|__|__|

HOUSEHOLD # |__|__|

NAME OF HOUSEHOLD HEAD _____ SERIAL # |__|__| PERSONAL # |__|__|__|__|

NAME OF RESPONDENT _____ SERIAL # |__|__| PERSONAL # |__|__|__|__|

AGE OF RESPONDENT |__|__|

INTERVIEWER # |__|__|

DATE OF INTERVIEW: ___/___/___
DD MM YY

INTERVIEWEE # |__|__|__|__|

SECTION-I: Individual information

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
101	আপনি কি বর্তমানে বিবাহিতা, বিধবা, তালাকপ্রাপ্তা না বিচ্ছিন্না?	বিবাহিতা 1 বিধবা/ তালাকপ্রাপ্তা/বিচ্ছিন্না ... 2	→ End interview
102	কত বছর আগে (বর্তমান স্বামীর সাথে) আপনার বিয়ে হয়েছে?	পূর্ণ বছর (সংখ্যা) <input type="text"/> <input type="text"/>	
103	আপনার শেষ মাসিক কবে শুরু হয়েছিল?	দিন (সংখ্যা) <input type="text"/> <input type="text"/> সপ্তাহ (সংখ্যা) <input type="text"/> <input type="text"/> মাস (সংখ্যা) <input type="text"/> <input type="text"/> বছর (সংখ্যা) <input type="text"/> <input type="text"/> অন্যান্য _____ লিখুন	→ End interview. If the answer is >5 years ago
104	আপনি কি কখনও গর্ভবতী হয়েছিলেন?	হ্যাঁ 1 না/ নিশ্চিত না 2	→ Skip to 106
105	আপনি কি গত পাঁচ বছরের মধ্যে কখনও গর্ভবতী হয়েছিলেন?	হ্যাঁ 1 না 2	→ Skip to 107
106	আপনার যাতে বাচ্চা না হয় বা দেরীতে বাচ্চা হয় সে জন্য আপনি বা আপনার স্বামী গত পাঁচ বছরের মধ্যে কোন কিছু ব্যবহার করেছেন কি বা অন্য কোন রকম চেষ্টা করেছেন কি?	হ্যাঁ 1 না 2	→ Check answer to 102 বিবাহ কালীন সময় যদি পাঁচ বছর বা তার বেশী হয়, তবে End interview
107	আপনার কি কখনও বাচ্চা হয়েছে?	হ্যাঁ 1 না 2	→ Skip to 110
108	কত আগে আপনার শেষ বাচ্চাটি হয়েছে?	মাস (সংখ্যা) <input type="text"/> <input type="text"/> বছর (সংখ্যা) <input type="text"/> <input type="text"/>	
109	শেষ বাচ্চাটি হবার পর আপনার মাসিক কি আবার শুরু হয়েছে?	হ্যাঁ 1 না 2	
110	আপনার কি এখন বাচ্চা পেটে আছে?	হ্যাঁ 1 না 2 নিশ্চিত না 3	→ End interview → Check answer to 109. উত্তর যদি "না" হয়, End interview

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
111	আপনি কি (আরও) বাচ্চা চান, নাকি (আর) কোন বাচ্চা চান না?	(আরও) বাচ্চা চান 1 (আর) বাচ্চা চাননা 2 সিদ্ধান্ত নিতে পারছেননা 3	→ Skip to 114 → 112 নং প্রশ্নে "সিদ্ধান্ত নিতে পারছেন না" এবং 113 নং প্রশ্নে "তেমন ইচ্ছা নাই" চিহ্নিত করুন এবং তারপর Skip to 114
112	এখন থেকে কতদিন পরে আপনি (আর একটি) বাচ্চা নিতে চান?	মাস (সংখ্যা) <input type="text"/> বছর (সংখ্যা) <input type="text"/> অপেক্ষা করতে চাননা/ এখনই বাচ্চা চান সিদ্ধান্ত নিতে পারছেননা	→ If the answer is <24 months, end interview → If the answer is <2 years, end interview → End interview → 113 নং প্রশ্নে "তেমন ইচ্ছা নাই" চিহ্নিত করুন এবং তারপর Skip to 114
113	(আরও) বাচ্চা নেবার/ না নেবার ব্যাপারে আপনার ইচ্ছা কি খুব বেশী, মোটামুটি, নাকি তেমন ইচ্ছা নাই	খুব ইচ্ছা 1 মোটামুটি 2 তেমন ইচ্ছা নাই 3	
114	আমাদের আজকের আলোচনার আগে, আপনি (আর) বাচ্চা নেবেন নাকি নেবেননা এ বিষয়ে কি কখনও ভেবেছিলেন?	হ্যাঁ 1 না 2 মনে নাই 3	
115	যদি আপনি এবং আপনার স্বামী (আর) একটা বাচ্চা চান তাহলে কি সহজেই বাচ্চা পেতে চলে আসবে? (Probe if necessary)	সহজেই 1 তত সহজে না 2 কঠিন হবে 3	
116	আপনি কি মনে করেন যে (পরিবার পরিকল্পনার ব্যবস্থা নিয়ে) বাচ্চা না নেওয়া অথবা দেৱীতে বাচ্চা নেওয়া সত্যি সত্যিই সম্ভব?	হ্যাঁ 1 নিশ্চিত না 2 না 3	
117	আপনার নিজের পেটের কোন ছেলে অথবা মেয়ে কি এখন আপনার সাথে থাকে?	হ্যাঁ 1 না 2	→ Skip to 119
118	কয়জন ছেলে আপনার সাথে থাকে? এবং কয়জন মেয়ে আপনার সাথে থাকে?	ছেলের সংখ্যা <input type="text"/> মেয়ের সংখ্যা <input type="text"/>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
119	আপনার নিজের পেটের কোন ছেলে অথবা মেয়ে আছে কি যারা জীবিত কিন্তু আপনার সাথে থাকেনা?	হ্যাঁ 1 না 2	→ Skip to 121
120	কয়জন ছেলে আপনার সাথে থাকেনা? এবং কয়জন মেয়ে আপনার সাথে থাকেনা?	ছেলের সংখ্যা <input type="text"/> মেয়ের সংখ্যা <input type="text"/>	
121	আপনি কি স্কুলে বা কলেজে লেখা-পড়া করেছেন?	হ্যাঁ 1 না 2	→ Skip to 123
122	আপনি সর্বোচ্চ কোন ক্লাশ পাশ করেছেন?	ক্লাশ <input type="text"/>	
123	ঘর-সংসারের কাজ ছাড়া আপনি অন্য আর কোন কাজ করেন কি, যার বিনিময়ে আপনি মজুরী পান?	হ্যাঁ 1 না 2	→ Skip to 128
124	আপনার পেশা কি, অর্থাৎ আপনি প্রধানতঃ কি কাজ করেন?	<input type="text"/> _____ _____ _____	
125	এই কাজ করে আপনি কি কোন নগদ টাকা পান?	হ্যাঁ 1 না 2	→ Skip to 127
126	আপনি কাজ করে যে টাকা পান তা কিভাবে খরচ হবে তা কি সাধারণতঃ আপনিই ঠিক করেন, নাকি অন্য কেউ ঠিক করে দেয়?	নিজে 1 অন্য কেউ 2 যৌথভাবে 3	
127	আপনি কি নিজের বাড়ীতে বসে কাজ করেন, নাকি অন্য কোথাও গিয়ে কোথাও কাজ করেন?	বাড়ীতে 1 অন্য কোথাও 2	
128	আপনার নিজস্ব কি কোন সম্পত্তি বা জমানো টাকা আছে যা থেকে রোজগার হয়, যেমন বাড়ী, ব্যবসা, আবাদী জমি ইত্যাদি?	হ্যাঁ 1 না 2	→ Check answer to 123. If the answer is "no", skip to 131
129	সংসার খরচের জন্য নিজের রোজগারের টাকা থেকে কিছু দেন কি?	হ্যাঁ 1 না 2	→ Skip to 131

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
130	সংসার খরচের কত ভাগ আপনার রোজগার থেকে যায়? (Probe if necessary)	পুরোটা 1 বেশীরভাগ 2 কিছুটা 3 সামান্য 4	
131	বর্তমানে মহিলারা অনেকেই একা একা বা ছোট ছেলে-মেয়ে সাথে নিয়ে এলাকার বাইরে যান। আপনিও কি একা একা বা ছোট ছেলে-মেয়ে সাথে নিয়ে এলাকার বাইরে যান?	হ্যাঁ 1 না 2 বাহিরে যাওয়া নিষেধ 3 অন্যান্য _____ লিখুন	→ Skip to 133 → Skip to 133
132	একা বা ছোট ছেলে-মেয়ে নিয়ে মাসে সাধারণতঃ কয়বার আপনি এলাকার বাইরে যান? <input type="text"/> <input type="text"/>	
133	বাচ্চা না নেবার বা দেরীতে বাচ্চা নেবার জন্য যে সব স্বামী-স্ত্রী পরিবার পরিকল্পনা ব্যবস্থা নেন, আপনি তাদের সমর্থন/ পছন্দ করেন, নাকি করেন না?	সমর্থন করেন 1 নিরপেক্ষ/মতামত নাই 2 সমর্থন করেন না 3	
134	আপনার ধর্ম কি?	ইসলাম 1 হিন্দু 2 বৌদ্ধ 3 খৃষ্টান 4 অন্যান্য _____ লিখুন	

SECTION 2: Family Planning Knowledge

<p>201</p>	<p>আমি এখন আপনার সাথে পরিবার পরিকল্পনার ব্যবস্থা বা পদ্ধতি সম্পর্কে আলাপ করতে চাই। ঐ সকল ব্যবস্থা বা পদ্ধতি ব্যবহার করে স্বামী-স্ত্রী বাচ্চা হওয়া দেরী করাতে বা বন্ধ রাখতে পারেন। এ সকল পদ্ধতি বা ব্যবস্থা গুলোর মধ্যে কোন্ কোন্ গুলো সম্পর্কে আপনি শুনেছেন?</p> <p>স্বতঃস্ফূর্তভাবে উল্লেখিত প্রতিটি পদ্ধতির জন্য 202 নং প্রশ্নের কোড 1 বৃত্তায়িত করুন। তারপর, স্বতঃস্ফূর্তভাবে যে সব পদ্ধতি উল্লেখ করা হয়নি তার প্রত্যেকটির নাম ও বর্ণনা দিয়ে 202 নং প্রশ্ন জিজ্ঞাসা করুন। এই পদ্ধতি সম্বন্ধে শুনে থাকলে কোড 2 এবং শুনে না থাকলে কোড 3 বৃত্তায়িত করুন। তারপর, 202 নং প্রশ্নে কোড 1 বা 2 বৃত্তায়িত প্রতিটি পদ্ধতির জন্য 203 থেকে 206 প্রশ্ন পর পর জিজ্ঞাসা করুন। তারপর পরবর্তী পদ্ধতিতে যান।</p>					
		<p>202. আপনি কি কখনো (পদ্ধতি) সম্বন্ধে শুনেছেন? (প্রত্যেক পদ্ধতির বর্ণনা পড়ে শুনান।)</p>	<p>203. (পদ্ধতি) পাওয়ার জন্য একজন ব্যক্তি কোথায় যেতে পারেন? (সবগুলি উত্তর বৃত্তায়িত করুন।)</p>	<p>204. আপনি (বা আপনার স্বামী) কি কখনো (পদ্ধতি) ব্যবহার করেছেন?</p>	<p>205. (পদ্ধতি) ব্যবহারে কি স্বাস্থ্যগত কোন সমস্যা হতে পারে? (উত্তর যদি "হ্যাঁ" হয়) কি কি সমস্যা হতে পারে? (সবগুলি উত্তর বৃত্তায়িত করুন।)</p>	<p>206. (পদ্ধতি) ব্যবহারে কোন স্বাস্থ্যগত সমস্যা হলে পরামর্শ বা চিকিৎসার জন্য একজন ব্যক্তি কোথায় যেতে পারেন? (সবগুলি উত্তর বৃত্তায়িত করুন।)</p>
<p>1. বড়ি, (মায়া, সুখী ইত্যাদি): একজন বিবাহিতা মহিলা প্রতিদিন একটি করে বড়ি খেতে পারেন।</p>	<p>হ্যাঁ/ স্বতঃস্ফূর্ত ... 1 হ্যাঁ/ শুনাবার পর . 2 না 3</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিকঃ Yes 1 No 2 সরকারী/ বেসরকারী পরিবার পরিবকল্পনা কর্মীঃ Yes 1 No 2 ফার্মেসীঃ Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>	<p>হ্যাঁ 1 না 2</p>	<p>হ্যাঁ 1 না 2</p>	<p>ওজন বাড়া Yes 1 No 2 ওজন কমা Yes 1 No 2 উচ্চ রক্তচাপ Yes 1 No 2 মাথা ব্যথা Yes 1 No 2 বমি ভাব Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিকঃ Yes 1 No 2 সরকারী/ বেসরকারী পরিবার পরিবকল্পনা কর্মীঃ Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>

<p>2. আই ইউ ডি (কপার টি): ডাক্তার বা নার্স একজন মহিলাকে জরায়ুতে একটি জিনিস পরিয়ে দেন।</p>	<p>হ্যাঁ/ স্বতঃস্ফূর্ত ... 1 হ্যাঁ/ শুনাবার পর . 2 না 3</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিক: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>	<p>হ্যাঁ 1 না 2</p>	<p>অতিরিক্ত রক্তস্রাব: Yes 1 No 2 মাসিকের অনিয়ম: Yes 1 No 2 তলপেটে ব্যথা: Yes 1 No 2 সাদা স্রাব: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>	<p>কোন সমস্যা হয়না ..</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিক: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>
<p>3. ইন্জেকশন: ডাক্তার বা নার্স হতে একজন মহিলা ইন্জেকশন নিতে পারেন, যার ফলে তিনি কয়েক মাস গর্ভবতী হবেন না।</p>	<p>হ্যাঁ/ স্বতঃস্ফূর্ত ... 1 হ্যাঁ/ শুনাবার পর . 2 না 3</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিক: Yes 1 No 2 সরকারী/ বেসরকারী পরিবার পরিকল্পনা কর্মী: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>	<p>হ্যাঁ 1 না 2</p>	<p>ওজন বাড়ি: Yes 1 No 2 অতিরিক্ত রক্তস্রাব: Yes 1 No 2 মাসিকের অনিয়ম: Yes 1 No 2 উচ্চ রক্তচাপ: Yes 1 No 2 মাথা ব্যথা: Yes 1 No 2 মাথা ঘোরা: Yes 1 No 2 জানিনা</p>	<p>কোন সমস্যা হয়না ..</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিক: Yes 1 No 2 সরকারী/ বেসরকারী পরিবার পরিকল্পনা কর্মী: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>

	<p>4. কনডম (রাজা): পুরুষের সহবাসকালে একটি রাবারের খাপ ব্যবহার করতে পারেন।</p>	<p>হ্যাঁ/ স্বতঃস্ফূর্ত ... 1 হ্যাঁ/ শুনাবার পর . 2 না 3</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিক: Yes 1 No 2 সরকারী/ বেসরকারী পরিবার পরিকল্পনা কর্মী: Yes 1 No 2 ফার্মেসী: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>	<p>হ্যাঁ 1 না 2</p>	<p>অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিক: Yes 1 No 2 সরকারী/ বেসরকারী পরিবার পরিকল্পনা কর্মী: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>
	<p>5. মহিলা বন্ধ্যাকরণ (লাইগেশন): আর কোন সন্তান না হওয়ার জন্য একজন মহিলা অপারেশন করিয়ে নিতে পারেন।</p>	<p>হ্যাঁ/ স্বতঃস্ফূর্ত ... 1 হ্যাঁ/ শুনাবার পর . 2 না 3</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিক: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>	<p>আর সন্তান না হওয়ার জন্য আপনি কি কখনো অপারেশন করিয়েছেন? হ্যাঁ 1 না 2</p>	<p>মাসিকের অনিয়ম: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিক: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>
	<p>6. পুরুষ বন্ধ্যাকরণ (ভ্যাসেকটমী): আর কোন সন্তান না হওয়ার জন্য একজন পুরুষ অপারেশন করিয়ে নিতে পারেন।</p>	<p>হ্যাঁ/ স্বতঃস্ফূর্ত ... 1 হ্যাঁ/ শুনাবার পর . 2 না 3</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিক: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>	<p>আর সন্তান না হওয়ার জন্য আপনার স্বামী কি কখনও অপারেশন করিয়েছেন? হ্যাঁ 1 না 2</p>	<p>অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>	<p>সরকারী/ বেসরকারী পরিবার পরিকল্পনা ক্লিনিক: Yes 1 No 2 অন্যান্য: _____ Yes 1 অন্যান্য: _____ Yes 1 জানিনা</p>

	<p>7. নিরাপদ কাল (দিন গণনা, পঞ্জিকার হিসাব): মাসের নির্দিষ্ট কয়েকটি দিনে যখন কোন মহিলার গর্ভবতী হওয়ার সম্ভাবনা সবচেয়ে বেশী থাকে তখন তিনি এবং তার স্বামী সহবাস থেকে বিরত থাকতে পারেন।</p>	<p>ই্যা/ স্বতঃস্ফূর্ত ... 1 ই্যা/ শুনাবার পর . 2 না 3</p>	<p>নিরাপদকাল সঠিকভাবে মেনে চলার ব্যাপারে কোথায় পরামর্শ/ উপদেশ পাওয়া যেতে পারে? Yes 1 Yes 1 জানিনা</p>	<p>ই্যা 1 না 2</p>	<p>Yes 1 Yes 1 জানিনা কোন সমস্যা হয়না ..</p>	
	<p>7. প্রত্যাহারঃ সহবাসের চরম মুহূর্তে স্বামী সতর্ক থেকে বীর্য বাহিরে ফেলতে পারেন।</p>	<p>ই্যা/ স্বতঃস্ফূর্ত ... 1 ই্যা/ শুনাবার পর . 2 না 3</p>	<p>প্রত্যাহার সঠিকভাবে মেনে চলার ব্যাপারে কোথায় পরামর্শ/ উপদেশ পাওয়া যেতে পারে? Yes 1 Yes 1 জানিনা</p>	<p>ই্যা 1 না 2</p>	<p>Yes 1 Yes 1 জানিনা কোন সমস্যা হয়না ..</p>	

SECTION 3: Family Planning Use

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
301	Check answer to 203 and mark 1 or 2 as appropriate.	বর্তমানে অথবা অতীতে পরিবার পরিকল্পনার পদ্ধতি ব্যবহার করেছেন 1 কখনই ব্যবহার করেননি 2	→ Skip to 334
302	আপনার যাতে (আর) বাচ্চা না হয় বা দেরীতে বাচ্চা হয় সে জন্য (বর্তমানে) আপনি বা আপনার স্বামী কি পরিবার পরিকল্পনার কোন ব্যবস্থা নিয়েছেন?	হ্যাঁ 1 না 2	→ Skip to 318
303	<u>CURRENT USER</u> কি ব্যবস্থা/ পদ্ধতি নিয়েছেন?	বড়ি 1 আই,ইউ,ডি 2 ইন্জেকশন 3 কনডম 4 মহিলা বন্ধ্যাকরণ 5 পুরুষ বন্ধ্যাকরণ 6 নিরাপদকাল/ দিন গোনা 7 প্রত্যাহার/ আজল 8 অন্যান্য _____ লিখুন	
304	কতদিন ধরে আপনি এই ব্যবস্থা/ পদ্ধতি নিয়েছেন?	মাস (সংখ্যা) <input type="text"/> বছর (সংখ্যা) <input type="text"/>	
305	এই ব্যবস্থাটিই/ পদ্ধতিটিই কি আপনি নিতে চেয়েছিলেন?	হ্যাঁ 1 মনে নাই 2 না 3	→ Skip to 308 → Skip to 308
306	কোন ব্যবস্থাটি/ পদ্ধতিটি আপনি নিতে চেয়েছিলেন?	বড়ি 1 আই,ইউ,ডি 2 ইন্জেকশন 3 কনডম 4 মহিলা বন্ধ্যাকরণ 5 পুরুষ বন্ধ্যাকরণ 6 নিরাপদকাল/ দিন গোনা 7 প্রত্যাহার/ আজল 8 অন্যান্য _____ লিখুন	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
307	যে ব্যবস্থাটি/পদ্ধতিটি আপনি নিতে চেয়েছিলেন তার পরিবর্তে কেন অন্য একটি ব্যবস্থা/ পদ্ধতি নিয়েছেন?	<div style="text-align: right; margin-bottom: 10px;"><input type="checkbox"/> <input type="checkbox"/></div> <hr/> <hr/> <hr/> <div style="text-align: right; margin-bottom: 10px;"><input type="checkbox"/> <input type="checkbox"/></div> <hr/> <hr/> <hr/>	
308	বর্তমান ব্যবস্থা/ পদ্ধতি (নাম) ব্যবহারের ফলে আপনার স্বাস্থ্যগত কোন সমস্যা হয়েছিল বা হচ্ছে কি?	হ্যাঁ 1 না 2	→ Skip to 314

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
309	<p>বর্তমান ব্যবস্থা/ পদ্ধতি (নাম) ব্যবহার করে আপনার কি কি অসুবিধা হয়েছিল বা হচ্ছে?</p> <p>Underline first response. Circle all mentioned.</p>	<p>ওজন বেড়ে গেছে/ যাচ্ছে Yes 1 No 2</p> <p>ওজন কমে গেছে/ যাচ্ছে Yes 1 No 2</p> <p>অতিরিক্ত রক্তশ্রাব Yes 1 No 2</p> <p>উচ্চ রক্তচাপ Yes 1 No 2</p> <p>মাথা ব্যথা Yes 1 No 2</p> <p>বমি ভাব Yes 1 No 2</p> <p>মাসিকের অনিয়ম Yes 1 No 2</p> <p>মাথা ঘোরা Yes 1 No 2</p> <p>দুর্বলতা Yes 1 No 2</p> <p>তলপেটে ব্যথা Yes 1 No 2</p> <p>সাদা স্রাব Yes 1 No 2</p> <p>অন্যান্য _____ Yes 1</p> <p>অন্যান্য _____ Yes 1</p> <p>জ্ঞানিনা</p>	
310	<p>স্বাস্থ্যগত এ সব অসুবিধার জন্য আপনি কি কোন পাশ করা ডাক্তার, বা পরিবার পরিকল্পনা কর্মীর কাছে উপদেশ বা চিকিৎসার জন্য গিয়েছিলেন?</p>	<p>হ্যাঁ 1 না 2</p>	→ Skip to 312

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
311	কেন আপনি কোন পাশ করা ডাক্তার বা পরিবার পরিকল্পনা কর্মীর কাছে যাননি?	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> <hr/> <hr/> <hr/> <div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> <hr/> <hr/> <hr/>	→ Skip to 314
312	আপনি কি কোন উপদেশ বা চিকিৎসা পেয়েছিলেন?	হ্যাঁ 1 না 2	→ Skip to 314
313	আপনি যে উপদেশ বা চিকিৎসা পেয়েছিলেন তা আপনার কাছে কেমন মনে হয়েছিলঃ বেশ ভাল, মোটামুটি ভাল, নাকি মোটেই ভাল নয়?	বেশ ভাল 1 মোটামুটি ভাল 2 মোটেই ভাল নয় 3 জানিনা 9	
314	বর্তমান ব্যবস্থা/পদ্ধতি (নাম) ব্যবহারের ফলে আপনার কি স্বাস্থ্যগত সমস্যা ছাড়া আর কোন ধরণের অসুবিধা হয়েছিল বা হচ্ছে?	হ্যাঁ 1 না 2	→ Skip to 317
315	অন্য (স্বাস্থ্যগত সমস্যা ছাড়া) আর কি কি অসুবিধা হয়েছিল বা হচ্ছে?	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> <hr/> <hr/> <hr/> <div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> <hr/> <hr/> <hr/>	
316	এইগুলিকে আপনি কি ধরণের সমস্যা বলে মনে করেনঃ বড় সমস্যা, মাঝারি সমস্যা, ছোট সমস্যা, নাকি ছোটখাট সমস্যা?	বড় সমস্যা 1 মাঝারি সমস্যা 2 ছোট সমস্যা 3 জানিনা 9	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
317	<p>Please check answer to 308 and 314. If any of the answer is “yes” ask this question, otherwise skip to 401.</p> <p>এতসব সমস্যা (স্বাস্থ্যগত ও অন্যান্য) সত্বেও কেন আপনি বর্তমান ব্যবস্থা/পদ্ধতি (নাম) ব্যবহার করছেন?</p>	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> <hr/> <hr/> <hr/> <div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> <hr/> <hr/> <hr/>	→ Skip to 401
318	<p>PAST USERS</p> <p>পরিবার পরিকল্পনার কোন ব্যবস্থাটি/ পদ্ধতিটি আপনি সর্বশেষ ব্যবহার করেছেন?</p>	বড়ি 1 আই,ইউ,ডি 2 ইন্জেকশন 3 কনডম 4 মহিলা বন্ধ্যাকরণ 5 পুরুষ বন্ধ্যাকরণ 6 নিরাপদকাল/ দিন গোনা 7 প্রত্যাহার/ আজল 8 অন্যান্য _____ লিখুন	
319	এই ব্যবস্থাটি/পদ্ধতিটি(নাম) আপনি কতদিন ধরে ব্যবহার করেছিলেন?	মাস (সংখ্যা) <input type="checkbox"/> <input type="checkbox"/> বছর (সংখ্যা) <input type="checkbox"/> <input type="checkbox"/>	
320	কতদিন আগে আপনি এ ব্যবস্থাটি/পদ্ধতিটি ব্যবহার বন্ধ করে দিয়েছেন?	মাস (সংখ্যা) <input type="checkbox"/> <input type="checkbox"/> বছর (সংখ্যা) <input type="checkbox"/> <input type="checkbox"/>	
321	এই ব্যবস্থাটিই/পদ্ধতিটিই (নাম) কি আপনি ব্যবহার করতে চেয়েছিলেন?	হ্যাঁ 1 মনে নাই 2 না 3	→ Skip to 324 → Skip to 324
322	কোন ব্যবস্থাটি/ পদ্ধতিটি আপনি নিতে চেয়েছিলেন?	বড়ি 1 আই,ইউ,ডি 2 ইন্জেকশন 3 কনডম 4 মহিলা বন্ধ্যাকরণ 5 পুরুষ বন্ধ্যাকরণ 6 নিরাপদকাল/ দিন গোনা 7 প্রত্যাহার/ আজল 8 অন্যান্য _____ লিখুন	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
323	যে ব্যবস্থাটি/পদ্ধতিটি আপনি ব্যবহার করতে চেয়েছিলেন তার পরিবর্তে কেন অন্য একটি ব্যবস্থা/পদ্ধতি (নাম) ব্যবহার করছিলেন?	<div style="text-align: right;"><input type="checkbox"/></div> <hr/> <hr/> <div style="text-align: right;"><input type="checkbox"/></div> <hr/> <hr/>	
324	ব্যবস্থা/পদ্ধতি (নাম) নেবার ফলে আপনার স্বাস্থ্যগত কোন সমস্যা হয়েছিল কি?	হ্যাঁ 1 না 2 মনে নাই	→ Skip to 330 → Skip to 330

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
325	<p>ব্যবস্থা/পদ্ধতি (নাম) নেবার ফলে আপনার কি কি অসুবিধা হয়েছিল?</p> <p>Underline first response. Circle all mentioned.</p>	<p>ওজন বেড়ে গেছে/ যাচ্ছে Yes 1 No 2</p> <p>ওজন কমে গেছে/ যাচ্ছে Yes 1 No 2</p> <p>অতিরিক্ত রক্তস্রাব Yes 1 No 2</p> <p>উচ্চ রক্তচাপ Yes 1 No 2</p> <p>মাথা ব্যথা Yes 1 No 2</p> <p>বমি ভাব Yes 1 No 2</p> <p>মাসিকের অনিয়ম Yes 1 No 2</p> <p>মাথা ঘোরা Yes 1 No 2</p> <p>দুর্বলতা Yes 1 No 2</p> <p>তলপেটে ব্যথা Yes 1 No 2</p> <p>সাদা স্রাব Yes 1 No 2</p> <p>অন্যান্য _____ Yes 1</p> <p>অন্যান্য _____ Yes 1</p> <p>জানিনা</p>	
326	<p>স্বাস্থ্যগত এ সব অসুবিধার জন্য আপনি কি কোন পাশ করা ডাক্তার বা পরিবার পরিকল্পনা কর্মীর কাছে উপদেশ বা চিকিৎসার জন্য গিয়েছিলেন?</p>	<p>হ্যাঁ 1 না 2</p>	→ Skip to 328

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
327	কেন আপনি কোন পাশ করা ডাক্তার বা পরিবার পরিকল্পনা কর্মীর কাছে যাননি?	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> <hr/> <hr/> <div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> <hr/> <hr/>	→ Skip to 330
328	আপনি কি কোন উপদেশ বা চিকিৎসা পেয়েছিলেন?	হ্যাঁ 1 না 2	→ Skip to 330
329	আপনি যে উপদেশ বা চিকিৎসা পেয়েছিলেন তা আপনার কাছে কেমন মনে হয়েছিলঃ বেশ ভাল, মোটামুটি ভাল নাকি মোটেই ভাল নয়?	বেশ ভাল 1 মোটামুটি ভাল 2 মোটেই ভাল নয় 3 জানিনা	
330	ব্যবস্থা/পদ্ধতি (নাম) নেবার ফলে আপনার কি স্বাস্থ্যগত সমস্যা ছাড়া আর কোন ধরণের অসুবিধা হয়েছিল?	হ্যাঁ 1 না 2 মনে নাই	→ Skip to 333 → Skip to 333
331	অন্য (স্বাস্থ্যগত সমস্যা ছাড়া) আর কি কি অসুবিধা হয়েছিল?	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> <hr/> <hr/> <div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> <hr/> <hr/>	
332	এইগুলিকে আপনি কি ধরণের সমস্যা বলে মনে করেনঃ বড় সমস্যা, মাঝারি ধরণের সমস্যা, নাকি ছোটখাট সমস্যা?	বড় সমস্যা 1 মাঝারি সমস্যা 2 ছোট সমস্যা 3 জানিনা 9	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
333	<p>কেন আপনি (পদ্ধতি) ব্যবহার বন্ধ করলেন?</p> <p>Underline first response. Circle all mentioned.</p>	<p>সন্তান চান Yes 1 No 2</p> <p>স্বামী সন্তান চান Yes 1 No 2</p> <p>পরিবার পরিকল্পনা বিরোধী Yes 1 No 2</p> <p>স্বামী পরিবার পরিকল্পনা বিরোধী Yes 1 No 2</p> <p>পরিবারের সদস্যগণ পরিবার পরিকল্পনা বিরোধী Yes 1 No 2</p> <p>অনেক দাম/খরচ Yes 1 No 2</p> <p>(পূর্বতন পদ্ধতি ব্যবহারে) স্বাস্থ্যগত সমস্যা/ পার্শ্ব-প্রতিক্রিয়া Yes 1 No 2</p> <p>স্বাস্থ্য সম্পর্কিত উদ্বেগ Yes 1 No 2</p> <p>পদ্ধতি পেতে অসুবিধা Yes 1 No 2</p> <p>পছন্দমত পদ্ধতি পাওয়া যায়নি/যায়না Yes 1 No 2</p> <p>ধর্মীয় কারণ Yes 1 No 2</p> <p>ভাগ্যে বিশ্বাসী Yes 1 No 2</p> <p>খুব কম যৌন মিলন হয়/ স্বামী অনগ্র থাকে Yes 1 No 2</p> <p>গর্ভধারণ কঠিন/ সহজ নয় 14</p> <p>মাসিক একেবারে বন্ধ/ জরায়ু ফেলে দেয়া হয়েছে Yes 1 No 2</p> <p>পদ্ধতি ব্যবহার ঝামেলাকর Yes 1 No 2</p> <p>অন্যান্য _____ Yes 1</p> <p>অন্যান্য _____ Yes 1</p> <p>জানিনা 1</p>	<p>→ Skip to 401</p>

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
334	<p><u>NEVER USER</u></p> <p>কেন আপনি কখনও পরিবার পরিকল্পনার কোন ব্যবস্থা/পদ্ধতি নেননি?</p> <p>Underline first response. Circle all mentioned.</p>	<p>সন্তান চান</p> <p>Yes 1</p> <p>No 2</p> <p>স্বামী সন্তান চান</p> <p>Yes 1</p> <p>No 2</p> <p>পরিবার পরিকল্পনা বিরোধী</p> <p>Yes 1</p> <p>No 2</p> <p>স্বামী পরিবার পরিকল্পনা বিরোধী</p> <p>Yes 1</p> <p>No 2</p> <p>পরিবারের সদস্যগণ পরিবার পরিকল্পনা বিরোধী</p> <p>Yes 1</p> <p>No 2</p> <p>অনেক দাম/খরচ</p> <p>Yes 1</p> <p>No 2</p> <p>(পূর্বতন পদ্ধতি ব্যবহারে) স্বাস্থ্যগত সমস্যা/ পার্শ্ব-প্রতিক্রিয়া</p> <p>Yes 1</p> <p>No 2</p> <p>স্বাস্থ্য সম্পর্কিত উদ্বেগ</p> <p>Yes 1</p> <p>No 2</p> <p>পদ্ধতি পেতে অসুবিধা</p> <p>Yes 1</p> <p>No 2</p> <p>পছন্দমত পদ্ধতি পাওয়া যায়নি/ যায়না</p> <p>Yes 1</p> <p>No 2</p> <p>ধর্মীয় কারণ</p> <p>Yes 1</p> <p>No 2</p> <p>ভাগ্যে বিশ্বাসী</p> <p>Yes 1</p> <p>No 2</p> <p>খুব কম যৌন মিলন হয়/ স্বামী অনগ্র থাকে</p> <p>Yes 1</p> <p>No 2</p> <p>গর্ভধারণ কঠিন/ সহজ নয়</p> <p>Yes 1</p> <p>No 2</p> <p>মাসিক একেবারে বন্ধ/ জরায়ু ফেলে দেয়া হয়েছে</p> <p>Yes 1</p> <p>No 2</p> <p>পদ্ধতি ব্যবহার ঝামেলাকর</p> <p>Yes 1</p> <p>No 2</p> <p>অন্যান্য _____</p> <p>Yes 1</p> <p>অন্যান্য _____</p> <p>Yes 1</p> <p>জানিনা</p>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
335	ভবিষ্যতে আপনার পরিবার পরিকল্পনার কোন ব্যবস্থা/ পদ্ধতি নেবার ইচ্ছা আছে কি?	হ্যাঁ 1 না 2 জানিনা/ বলতে পারিনা 3	→ Skip to 401 → Skip to 401
336	কেন আপনি পরিবার পরিকল্পনার কোন ব্যবস্থা/পদ্ধতি নিতে চাননা? Underline first response. Circle all mentioned.	সন্তান চান Yes 1 No 2 স্বামী সন্তান চান Yes 1 No 2 পরিবার পরিকল্পনা বিরোধী Yes 1 No 2 স্বামী পরিবার পরিকল্পনা বিরোধী Yes 1 No 2 পরিবারের সদস্যগণ পরিবার পরিকল্পনা বিরোধী Yes 1 No 2 অনেক দাম/খরচ Yes 1 No 2 (পূর্বতন পদ্ধতি ব্যবহারে) স্বাস্থ্যগত সমস্যা/ পার্শ্ব-প্রতিক্রিয়া Yes 1 No 2 স্বাস্থ্য সম্পর্কিত উদ্বেগ Yes 1 No 2 পদ্ধতি পেতে অসুবিধা Yes 1 No 2 পছন্দমত পদ্ধতি পাওয়া যায়নি/ যায়না Yes 1 No 2 ধর্মীয় কারণ Yes 1 No 2 ভাগ্যে বিশ্বাসী Yes 1 No 2 খুব কম যৌন মিলন হয়/ স্বামী অন্ত্র থাকে Yes 1 No 2 গর্ভধারণ কঠিন/ সহজ নয় Yes 1 No 2 মাসিক একেবারে বন্ধ/ জরায়ু ফেলে দেয়া হয়েছে পদ্ধতি ব্যবহার ঝামেলাকর Yes 1 No 2 অন্যান্য _____ Yes 1 অন্যান্য _____ Yes 1 জানিনা 1	

SECTION 4: Contextual Information

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	INSTRUCTIONS
401	আপনার স্বামীর বয়স কত?	বছর (সংখ্যা) <input type="text"/> <input type="text"/>	
402	আপনার স্বামী কি স্কুলে বা কলেজে লেখাপড়া করেছেন?	হ্যাঁ 1 না 2	→ Skip to 404
403	আপনার স্বামী সর্বোচ্চ কোন ক্লাশ পাশ করেছেন?	ক্লাশ <input type="text"/> <input type="text"/>	
404	আপনি জানেন যে বিভিন্ন পরিবারের অর্থনৈতিক অবস্থা বিভিন্ন রকম। কাউকে কাউকে বেঁচে থাকার জন্য কষ্ট করতে হয়, আর কারও কারও অবস্থা ভালই। আপনার সংসারে সবাই মিলে যা রোজগার করেন তা দিয়ে কি খাবার-দাবার ও কাপড়-চোপড় কেনা এবং প্রয়োজনে বাড়ী ভাড়া মেটানো যায়?	হ্যাঁ 1 না 2	→ Skip to 406
405	সংসারের সব খরচ মেটানোর পর কি কিছু জমা হয়?	হ্যাঁ 1 না 2	
406	আপনার স্বামী কি (আরও) বাচ্চা চান, নাকি আর বাচ্চা চান না?	হ্যাঁ 1 না 2 জানিনা/ কখনো আলাপ হয়নি .. 3	
407	বাচ্চা না নেবার বা দেরীতে বাচ্চা নেবার জন্য কোন স্বামী-স্ত্রী পরিবার পরিকল্পনা ব্যবস্থা/পদ্ধতি নিলে আপনার স্বামী কি তা সমর্থন করবেন, নাকি সমর্থন করবেননা?	সমর্থন করবেন 1 সমর্থন করবেন না 2 জানিনা/ কখনো আলাপ হয়নি/ স্বামীর কোন মতামত নাই 3	
408	গত এক বছরে আপনার স্বামীর সঙ্গে পরিবার পরিকল্পনা বিষয়ে আপনি কখনও আলাপ করেছেন কি?	হ্যাঁ 1 না 2	→ End Interview
409	গত এক বছরে আপনার স্বামীর সাথে পরিবার পরিকল্পনা বিষয়ে কতবার আলাপ করেছেন?	কয়েকবার/ একবার 1 অনেকবার 2	

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Department of International Health

June 6, 1997

To: Chairman, Research Review Committee
ICDDR,B

From: Dr. Robert Black



Re: Research proposal of Dr. Sk Md Aminul Islam

Dr. Aminul Islam plans to conduct a study on the "Determinants of Unmet Need for Family Planning in Dhaka City, Bangladesh" as his doctoral dissertation. He is a doctoral candidate in the Department of International Health of the Johns Hopkins School of Public Health. I am writing to indicate that his proposal has been extensively reviewed by his advisor, Dr. Henry Mosley, and by myself, as Chair of the Department in which he is doing his doctoral studies. His proposal has our approval and full support. We anticipate that it will be a major contribution to the MCH-FP Extension Project in which he is working.

Please let me know if I can provide any additional information.

Principal Investigator: Last, first, middle : Islam, Sk. Md. Aminul

Check List

1. Face Sheet Included
2. Approval of the Division Director on Face Sheet
3. Certification and Signature of PI on Face Sheet, #9 and #10
4. Table on Contents
5. Project Summary
6. Literature Cited
7. Biography of Investigators
8. Ethical Assurance
9. Consent Forms
10. Detailed Budget