

Date 31/5/90

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Principal Investigator AHMAD NEAZ Trainee Investigator (if any) _____

Application No. 90-009 Supporting Agency (if Non-ICDDR,B) _____

Title of Study EFFECTS OF PROGRAMMATIC NON-PROGRAMMATIC FACTORS ON THE ESTABLISHMENT OF CONTRACEPTIVE PRACTICE AND PRODUCTIVE BEHAVIOUR IN BANGLADESH Project status: New Study Continuation with change No change (do not fill out rest of form)

- Give the appropriate answer to each of the following (If Not Applicable write NA).
- Source of Population:
 - a) Ill subjects Yes No
 - b) Non-ill subjects Yes No
 - c) Minors or persons under guardianship Yes No
 - Risks the study involve:
 - a) Physical risks to the subjects Yes No
 - b) Social Risks Yes No
 - c) Psychological risks to subjects Yes No
 - d) Discomfort to subjects Yes No
 - e) Invasion of privacy Yes No
 - f) Disclosure of information damaging to subject or others Yes No
 - Procedures the study involve:
 - a) Use of records, (hospital, medical, death, birth or other) Yes No
 - b) Use of fetal tissue or abortus Yes No
 - c) Use of organs or body fluids Yes No
 - Are subjects clearly informed about:
 - a) Nature and purposes of study Yes No
 - b) Procedures to be followed including alternatives used Yes No
 - c) Physical risks Yes No NA
 - d) Sensitive questions Yes No
 - e) Benefits to be derived Yes No
 - f) Right to refuse to participate or to withdraw from study Yes No
 - g) Confidential handling of data Yes No
 - h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure Yes No
 - 5. Will signed consent form be required:
 - (a) From subjects Yes No
 - (b) From parent or guardian (if subjects are minors) Yes No
 - 6. Will precautions be taken to protect anonymity of subjects Yes No
 - 7. Check documents being submitted herewith to Committee:
 - NA 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
 - NA Questionnaire or interview schedule *
- * If the final instrument is not completed prior to review, the following information should be included in the abstract summary:
1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
 2. Examples of the type of specific questions to be asked in the sensitive areas.
 3. An indication as to when the questionnaire will be presented to the Cttee. for review.

(PTO)

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

Ahmad Neaz 31/5/90
Principal Investigator

Trainee

90-009
3/6/90

SECTION I - RESEARCH PROTOCOL

1. Title: Effects of Programmatic and Non-programmatic Factors on the Variation of Contraceptive Practice and Reproductive Behaviour in Bangladesh
2. Principal Investigator: Ahmad Neaz
3. Co-investigators:
4. Advisors:
5. Consultants:
6. Starting Date: July 1, 1990
7. Completion Date: June 30, 1992
8. Total Cost: US\$ 95,237 Taka 30,47,584.00
9. Scientific Programme Head

This protocol has been approved/~~not approved~~ by the Population Science and Extension Division of International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B).

Signature: Acting Associate Director, PS&ED

Michael A. King

DATE:

April 27, 1990

10. ABSTRACT SUMMARY

In such developing countries as Bangladesh, the critical determinants of fertility lie in accessibility and adoption of modern contraception through family planning programmes. A debate on the basis of this premise has been in progress among population scientists about the best way of achieving fertility decline. Two contrasting views have emerged: a programmatic approach which supposes that a latent demand already exists and that this demand will crystallize with the adoption of contraception through an effective service delivery system; and a non programmatic approach based on the view that lack of demand for fertility control hinders the adoption of contraception and prescribes socio-economic development as a precondition for waging an effective battle against population explosion. Both the theses have theoretical and policy implications.

The impetus for proposed research has emerged from the realization that it would be very useful to help policy making with regard to differential allocation of scarce resources and direction of efforts in Bangladesh. When the resistance to change lies in the non-programmatic dimension at structural levels, a policy intervention, with the emphasis on service delivery only is not likely to bring about an appreciable shift in the performances and lead to wastage of resources and time. On the other hand, there could be an unfulfilled need for contraception due to a lack of effective service delivery of family planning which may prevent couples from translating their desires into practice. Perfect blending of programmatic and non-programmatic factors in right proportions would be helpful in ensuring the best use of resources and time in Bangladesh. The study will follow both survey and focus group interview methods to get quantitative and qualitative data comprising multi level information. Besides, relevant national level data will be collected from government MIS and contraceptive prevalence survey reports.

11. Reviews: (Leave Blank)

(i) Ethical Review Committee: -----
approved/not approved

(ii) Research Review Committee: -----
approved/not approved

(iii) Director's signature and remark, if any:

11. LIST OF OBJECTIVES

1. Is to contribute in formulating a new strategy for population programmes in the light of national family planning experiences in Bangladesh.
2. Is to identify the factors underlying the variation in performance in terms of contraceptive prevalence rate (CPR). The information will help policy making with regard to differential allocation of scarce resources and direction of efforts.
3. Is to learn from the successful national family planning experiences and to replicate the same in the low performing areas instead of replicating the experience of other countries or pilot projects which is obviously difficult to replicate. *being done.*
4. Is to blend demand and supply variables in the right proportions to ensure the best use of scarce resources and time.
5. Is to answer the following questions;
 - (a) Whether there are equal accessibility to contraceptive methods in both high and low performing areas and if not, why not?
 - (b) Why do contraceptive use rates differ between communities that have free and easy access to family planning services?
 - (c) What are the determinants of variation between areas in terms of contraceptive practice?
 - (d) Where does resistance to use contraception lie? Who decides to? At what level is choices made; the individual, household or the community?
 - (e) What are the barriers to the accessibility and adoption of family planning programmes? And how can the barriers be overcome?

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SECTION II - RESEARCH PLAN

EFFECTS OF PROGRAMMATIC AND NON-PROGRAMMATIC FACTORS ON THE VARIATION OF CONTRACEPTIVE PRACTICE AND REPRODUCTIVE BEHAVIOUR IN BANGLADESH

A. INTRODUCTION

1. DETERMINANTS OF REPRODUCTIVE BEHAVIOUR

In spite of greater awareness about the danger of population explosion, critical policy issues regarding its solution remained stuck under scepticism dominated by the pessimistic idea that very little could be done without changes in the socio-economic structure of a society (Paul Demeny 1975, McNicoll 1978 and Mead Cain 1981, Population and Development Review). The history of fertility transition in Europe and various strands of knowledge that have accumulated to a great extent coincided with changing socio-economic structures in the matter of industrialization, urbanization, standard of living, literacy rate and so on. Pessimism particularly prevails in countries like Bangladesh where development in the above direction has been very slow.

But today, when history, be it social, political, economic or demographic, is moving at an unprecedented pace, new questions and new interests require us to enter into a search for a new answer. Old theories and experiences cannot be taken as a corollary due to this unprecedented pace of change taking place in the contemporary world. Even demographers are not unanimously agreed that European fertility transitions are entirely due to

socio-economic development (Knodel and van de Walle, 1979). Clearly, the simultaneity and speed of the European transition varied among countries across their level of development. "At one extreme is England, which was highly industrialized and urbanized by the late nineteenth century; at the other extreme is Bulgaria, whose economy was still dominated by agriculture at the time of transition." (Cleland, 1987) Unlike Britain the scope of urban rural migration was limited in Sweden; still the fertility rate of rural Sweden declined continuously through attaining a higher standard of living (Charles Tilly 1978).

The theoretical foundations of main-stream research on the determinants of fertility known as "Demographic Transition Theory" (Notestion, 1943, 1945, Davis, 1956) and the "Micro-Economic Theory of Consumers' Choice" (Priorities Statement, 1981) based on a cost-benefit analysis of family income and child rearing expenses cannot be generalized as critical fertility determinants in the contemporary developing nations. The diverse experiences of the World Fertility Survey (Germans, et. al., World Fertility Survey Conference, 1980) and various strands of knowledge that have accumulated from different research endeavours (Cleland, 1987, Cain 1985) substantiate the above contention.

The widespread conviction among researchers about traditional agrarian societies' desire for large numbers of children has also proved false in many developing nations such as Thailand which is characterized by self-employment in agriculture and a dramatic fertility decline. A similar examples could be cited from Sri Lanka and the Indian state of Kerala where a

fertility decline has been perceptible not only under predominantly rural agrarian conditions but also in the prevalence of extreme poverty. Such experiences also prove the naivete of the "Risk Hypothesis" where children, particularly male children, are considered as means of insurance and adjustment under the dependent position of asset-less parents in the event of subsistence crisis triggered by sharp price fluctuations, theft or forcible expropriation of land and other assets (Cain, 1981, 1981a, Cain and Lieberman, 1982).

While the determinants of fertility turned out to be a complex issue due to diverse experiences at least there is one phenomenal similarity in the contemporary world where fertility reduction has been attained i.e. widespread use of contraception. Furthermore, the complexity arises if not due to disagreement about the use of contraception as a means of fertility reduction, it is regarding the issue of accessibility and adoption of contraception as a means of transformation from a 'natural fertility' to one of 'controlled fertility'. Two contrasting views have been noted. The first is that there is a lack of demand for fertility reduction and that resistance to change lies consequently at the socio-economic and cultural levels (ESCAP Secretariat, 1987, Caldwell, 1980). Under such circumstances, policy interventions which have emphasis only on service delivery are not likely to attain the expected results. Proponents of demand theory prescribe interventions which could bring socio-economic development (Singapore, South Korea) or economic development in terms of higher per-capita income (Brazil) or

social development in terms of higher literacy particularly among women, their empowerment and employment, low infant and child mortality, higher standard of living etc. (Sri Lanka, Kerala) for the creation of demand for fertility reduction. The other theory is that there is a latent demand for contraception and that demand could be crystallized with appropriate supply side interventions (Phillips, et. al. 1988). Proponents of the supply theory maintain that an effective family planning programme itself may influence reproductive aspirations and create demand for fertility reduction.

One should not overlook the fact that both demand and supply variables play a role in the process of fertility reduction and because of this the same degree of rigor should be accorded to research on the sociology of both demand and supply. Nevertheless, the most formidable task is to blend demand and supply aspects in right proportions to optimize performance under time and resource constraints.

2. BACKGROUND

THE BANGLADESH CASE

Against the backdrop of the experiences of developing nations and theoretical controversies reviewed in the previous section, we would look into the Bangladesh family planning programme which has been intensified for more than a decade to bring about a favourable balance between the country's human and natural resources. The country has twice aimed to achieve a net reproductive rate of one (NRR-1) but failed within the stipulated

period. Now the target is expected to be achieved by the turn of the century (Ministry of Health and Family Planning, 1987). During the period of 3rd Five Year Plan, from 1985 to 1990, Bangladesh is expected to increase the contraceptive prevalence rate (CPR) from 25 to 40 percent of all eligible couples (Third Five Year Plan, 1985-90, Government of Bangladesh) and achieve a corresponding decline in the crude birth rate from 39 to 31 per 1000.

According to the estimate of the Bangladesh Contraceptive Prevalence Survey by Mitra and associates (Mitra & Associates, CPS 1985), the country's CPR was 21.7% in the year 1983. The figure rose to 25.3% in the year 1985. By 1989 the figure was estimated to be 31.4%, which is only 6.1% higher within 4 years' time (Mitra & Associates CPS 1989). Such a slow achievement leads us to suppose that within another year, that is by 1990 the country will be unable to reach the target of 40 percent CPR by any means. Nevertheless, it is surprising to note that variation of performance in terms of CPR between the districts of Bangladesh is very high. Within the stipulated period several districts are going to achieve the target of 40 percent CPR with the exception of many other districts which are far behind. According to the estimates of MIS the variation may be as high as more than 40 percent and as low as around 6 percent only in terms of CPR. In a country such as Bangladesh, which could be termed more or less homogenous, socio-economically, culturally, linguistically or ethnically, such a wide variation is unexpected.

3. RATIONALE

The impetus for this research emerged from the realization that the identification of underlying factors affecting the accessibility and adoption of the family planning programme in Bangladesh is a pre-condition for formulating policies for waging an effective battle against population growth. Inter-district variation of performance in terms of contraceptive prevalence rate is very high in Bangladesh according to MIS report of 1989 (MIS Report 1989). Investigations directed to identifying the underlying factors associated with the variation in CPR would be very useful to help policy making with regard to differential allocation of scarce resources and direction of efforts.

The present endeavour would try to explore both programmatic and non-programmatic dimensions of the determinants of contraceptive use. Programmatic dimension includes all factors relating to service delivery aspects of family planning. Non-programmatic dimension includes ecological factors, local culture, demographic, social and economic characteristics, development input, local institutions etc.

An operations research analysis of the proposed kind would be very helpful to identify the underlying factors affecting differential performance of the national family planning programme in Bangladesh. How far is it due to a weak programme? How far is it due to non-programmatic factors? When the resistance to change lies in the non-programmatic dimension at

structural and cultural levels, a policy intervention, with the emphasis on service delivery only is not likely to bring about any appreciable shift in the performance of the programme, and it may lead to wastage of resources and time. On the other hand, there could be an unfulfilled need for contraception due to lack of effective service delivery of family planning. There might be a latent demand for contraception and that may not be crystallized due to a lack of an appropriate supply system and there might be other constraints which prevent couples from translating their desires into practice.

The present endeavour would try to blend demand and supply variables in right proportions to formulate the future national strategy for the population programme in Bangladesh.

4. PREVIOUS STUDIES IN THE RELATED FIELD

It can be deduced from the Bibliography appended in this proposal that during the 70's and 80's a great deal of research was done in the related field. Most of this research was of a purely academic nature, confined to identifying various aspects of the determinants of fertility in Bangladesh. In most cases the researchers attempted to identify the socio-economic factors as the only determinants of fertility. Even regional differences in fertility per se were not reflected in most of these analyses.

The first attempt tried to determine differential fertility by examining modified child women ratios (CWR) (children under five divided by female population 10 years and above) according to districts of Bangladesh was made by Chen and Chowdhury

(1975). Samad (1976) and Chowdhury (1977) tried to identify growth rate and differences in fertility within regions. Rahman (1984) in his Doctoral thesis tried to identify determinants of areal variation in contraceptive practice in Bangladesh. Although the thesis is very close to our present study, in fact the sample was collected from Matlab, a small area of Bangladesh where a pilot project of ICDDR,B has been in operation for a long and consequently the area cannot be considered as a unique example of national family planning programme.

In the year 1985 and 1986 series of studies were undertaken by Mabud, Wali and Mabud on "Efficiency of Family Planning Programme in Bangladesh and its Impact on Fertility." In the first study upazila level programmatic aspects had been dealt with and the conclusion was drawn that 'programme factors together significantly explain the areal variation of its performance measured in terms of couple years of protection (CYP) independent of the effect of several areal level socio-economic and infrastructural variables.'

In their second phase a micro level study was undertaken by Mabud and Wali concerning the efficiency of programmatic aspects of family planning and they concluded "that workers' performances were much below the expected level and that their time and program-facilities were underutilized." They also maintained that "more number of workers does not explain much about the underlying situation. Even the existence or absence of Family Welfare Centres (FWC) in unions did not explain significantly the variation in family planning programme-performances'. They also

concluded that "worker's commitment to work and follow-up services are more important than anything else" and consequently micro-level studies in the 2nd phase turned out to be altogether different from the results in the 1st phase.

In the 3rd series of their study the sample size was bigger but it did not try to reconcile the opposing views in the 1st and 2nd phases. Nevertheless, in the end it was concluded that "our analyses of the data of three successive studies (i.e. Phase I, Phase II and the present study), leads us to conclude that the field workers of Bangladesh family planning programme are not fully devoting themselves to their assigned responsibilities in their respective areas."

There are some limitations in the studies undertaken by Nabud and Wali. Although the studies lead them to conclude that workers are not fully devoted to the duties assigned to them, in fact they could not identify the reasons behind the variation of devotion of the workers in their respective areas. What are the programmatic and non-programmatic aspects of such a variation? Why do the field workers not make assigned home visits? What are their problems? Is it due to lack of supervision? At what levels of supervision? Is it due to lack of an adequate number of field workers and is it because present work areas and population sizes are difficult to cover? Are FWAs' visit producing expected results? If not why not? What family planning messages and services are being provided by the field workers? What type of training is required by the field workers?

Whether they received proper training? If not, why not? What about the vacant position of different level of family planning workers? What about the activities of the NGO workers? Is there any co-operation between the NGO and government workers? Is there any cooperation between family planning and health workers and other government upazila and field level workers? The above questions have a deep impact on the formulation of strategy for a population programme and are not properly answered by the previous studies.

There are some methodological limitations of the studies undertaken by Nabud and Wali. Particularly in the last phase 61 upazilas were randomly selected from 478 upazilas of Bangladesh. Better results might have resulted from the selection of upazilas on the basis of performance.

In the year 1986 a study was undertaken by D.S. Freedman and R. Freedman entitled "Adding demand side variables to study the interaction between demand and supply in Bangladesh". The study was based on the experience of ICDDR,B's Matlab project and limited in scope. A paper was presented by Koenig et al at the 1989 meeting of the Population Association of America on the programmatic and non programmatic determinants of the contraceptive prevalence level in rural Bangladesh. The paper only covers two rural upazilas of Bangladesh which is under ICDDR,B's extension project and it does not represent the underlying factors behind national family planning performance in Bangladesh.

5. SIGNIFICANCE

The proposed study is significant from both theoretical and policy points of view. A debate has been intensified among the population scientists about the best route to fertility decline in the less developed countries with two contrasting views: socio-economic or non programmatic versus aggressive family planning programmes or programmatic. In recent years the debate has stimulated intensive research efforts to understand and evaluate the efficacy of family planning programmes. An attempt would be made in the proposed research to evaluate this debate in the light of the national experience of family planning programmes in Bangladesh. The theoretical implication of the proposed research is that it may bridge the gap between the conceptual extremes of two opposing views -- at one pole aggressive family planning prescription and on the other pole socio-economic development approach neglecting population control measures. The study would be very useful to help policy making with regard to differential allocation of scarce resources and direction of efforts.

B. SPECIFIC AIMS

Bangladesh has twice aimed to achieve a net reproductive rate of one (NRR-1), but failed within the stipulated period. The target is now expected to be achieved by the end of the century. The success of future programmes largely depends upon the success of the present programme but it is almost certain that by 1990 within the 3rd Five Year Plan for Bangladesh, the country will not reach the target of a national CPR of 40%. If this is so, then it is unlikely that the country will reach the target of NRR-1 by the end of the century with the current population strategy. As a result, a consensus should have been emerged to recast the current population strategy to wage an effective battle against population explosion. The impetus for the proposed research emerged from such a realization with the aim of formulating new strategy for population programme in Bangladesh.

A wide variation in the prevalence rates of contraceptive use has been observed between districts in Bangladesh and the aim of the proposed study is an investigation of the factors associated with this variation. While some districts will exceed the CPR target of 40 percent within current 5 year plan, the country's overall failure is due to the apparent failure of programmes in many other districts. It is our hypothesis that by identifying the factors underlying the variation in performance in terms of CPR the information will help policy making with regard to differential allocation of scarce resources and direction of efforts.

In previous attempts successful experiences of other countries or successful elements of pilot projects have been applied to the national programme of Bangladesh. Although such attempts have been helpful, the experience of one country may be difficult to be replicated in another country because of different circumstances. On the other hand, successful elements of pilot projects may not be equally replicable in the national programmes because they require special supervision and high intensity of cost involvement in terms of human and material resources. It is our hypothesis that within the national programme, when there is a variation in performance, the experience of successful areas should be more easily replicable to the less successful areas.

Our aim is to find out whether there are equal accessibility to contraceptive methods in both high and low performance areas, and if not, why not? Why do contraceptive use rates differ between communities that have free and easy access to family planning services? What are the determinants of variation between areas in term of contraceptive practice? Where does resistance to use contraception lie? Who decides to? At what level is choices made; the individual, the household or the community? What are the barriers? How can the barriers be overcome?

Isn't this available?

The ultimate aim of the study is to contribute to a better understanding of the debate over the 'best route to a decline in fertility in less developed countries such as Bangladesh. The proposed endeavour would try to blend demand and supply variables

in the right proportions to optimize scarce resources and time, and to formulate a national strategy for the population programme in Bangladesh.

C. METHODS AND PROCEDURES:

1. STUDY DESIGN:

The study will follow both survey as well as focus group interview methods to get quantitative and qualitative data comprising multilevel information containing both descriptive and explanatory components. It will contain both theoretical and empirical analysis since it is presumed that theories supported by empirical evidence or vice versa will make analysis more realistic. Efforts will be made to understand and interpret the underlying factors behind the data through statistical and logical deductive and inductive methods. Both primary and secondary level information will be considered. Secondary level information will be taken from various sources such as Government MIX and Mitra and Associates CPS for national level data. Another source of information will be DG Family Planning office. Since the quality and quantity of national information may be inadequate and inaccurate for the proposed study some data will be collected from reliable sources of pilot projects. In addition primary level information will be collected by designing a questionnaire for undertaking survey as well as focus group study at different levels which will include adequate information needed for the proposed study. The list of variables and questionnaire for the proposed study are appended in the appendices. The study area could be divided into four

possible categories mentioned in the following table.

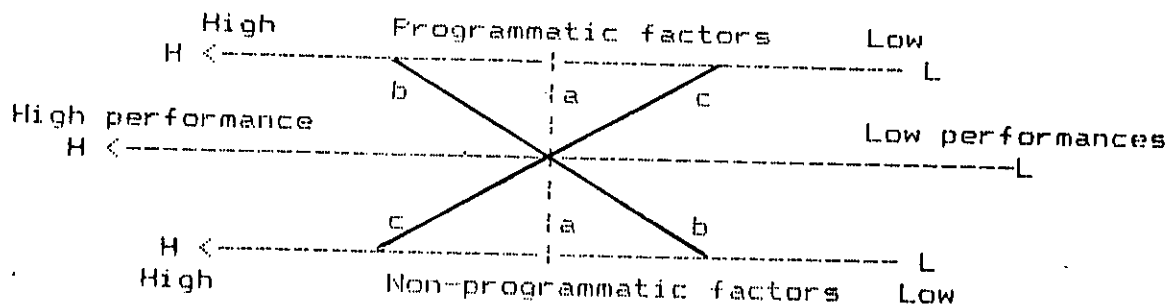
Table-1 : Analytical Framework Illustrating Hypothetical Categories of the Study Area.

1) High programmatic factors High non-programmatic factors	2) High programmatic factor Low non-programmatic factors
3) Low programmatic factors High non-programmatic factors	4) Low programmatic factors Low non-programmatic factors

Best performances should have been resulted in the condition 1 where both service delivery and socio-economic factors are more favourable. Second best performances can be expected either in condition 2 or 3 depending on the relative importance of programmatic or non-programmatic factors in attaining better results. Under more or less homogenous socio-economic conditions such as in Bangladesh the importance of programmatic factors could play critical role in attaining higher performances. But it is to be kept in mind that variation of socio-economic factors to a small degree could be resulted in a big variation in the performances. Under the condition of 4 low programmatic and low non-programmatic factors it is expected that the performance will be lowest. So far the contributions of different factors are concerned, there could be three possibilities as mentioned below:

Figure-1

Analytical Framework Illustrating Hypothetical Contribution of Programmatic and Non-programmatic Factors



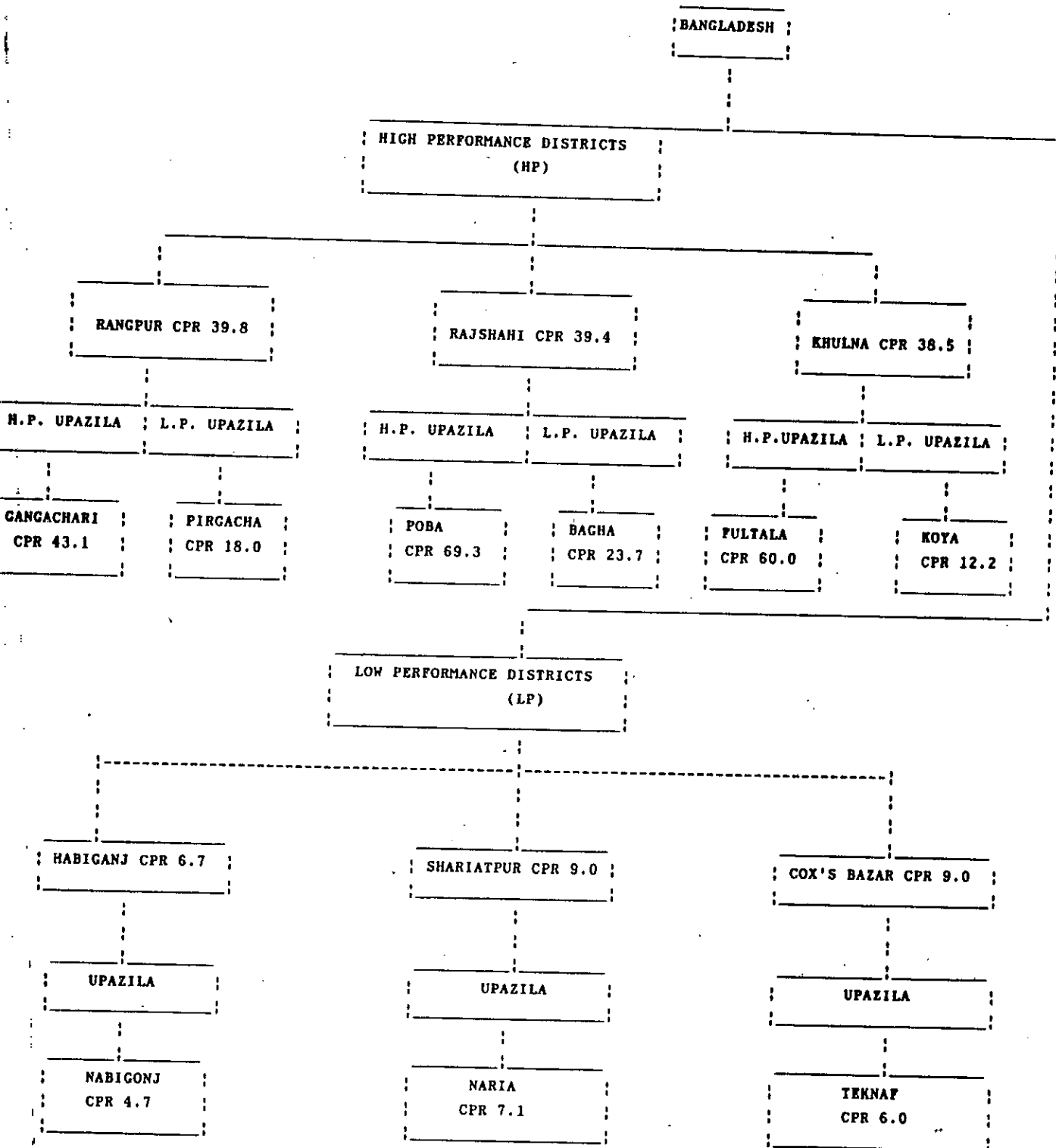
Under the possibility aa the contribution of both programmatic and non-programmatic factors are equal. Under the possibility bb the contribution of programmatic factors are higher and the possibility cc reflects the higher contribution of non-programmatic factors.

2. SAMPLING PROCEDURE:

A multistage selective sampling procedure will be followed in drawing the sample. The stage will include (a) Districts and Upazila characteristics (b) Household and individual characteristics and (c) Workers' characteristics. Prior to this three high and three low performance districts will be selected in terms of CPR, from national MIS report of 1989. According to the report Dhaka district has turned out to be the highest position in terms of CPR. But due to unique urban character of Dhaka city, the district has been excluded. The other three highest performing districts such as Rangpur, Rajshahi and Khulna have been selected as the high performing area. The lowest performing districts such as Habiganj, Shariatpur and Cox's Bazar have been selected for the study. From each high performing

district one high and one low performing upazila will be selected. But from low performing districts only one low performing upazila will be selected since the variation of performances among the upazilas are very low. The flow-chart below shows the sample selection. From each upazila approximately 250 households will be selected. The household selection will be made at randomly or systematically. The proportion of household will be determined on the basis of socio-economic distribution of household characteristics of the upazila. All the households will be followed to collect necessary household information as well as interview the married women of reproductive ages (15-49 years).

FIGURE - 2



3. DATA COLLECTION

After the field pre-test and primary survey the questionnaire will be completed and field work will start in full earnest. The survey will be divided into two phases. The first phase will include the District and upazila characteristics and field worker characteristics survey. The second phase will include the household and eligible couple characteristics survey. The phasing will be done for better understanding and logistical supports in the field. Furthermore, the experience gained in the first phase could serve as a guide to problem areas and identification of difficulties in the second phase which could be more complex, involving in-depth inquiries.

(a) District and upazila characteristics survey: The purpose of this survey is to collect information on the socio-economic condition as well as programmatic factors in the district and upazila. To understand the perception about FP programmes, information will be collected from upazila family planning officials, chairman, government officials, school teachers, village leaders, union council members, NGO workers, religious leaders etc. Family Planning field workers characteristics will include information such as age, parity, level of education, training, occupation of husband work load etc. The survey will cover all the workers in the upazila.

(b) Household and couple characteristics survey: This is the largest survey in the proposed study involving more complex and difficult and in-depth inquiries. Total number of 250 households will be interviewed from each upazila. At the field pretest it will be decided whether random or systematic sample procedures will be followed for this survey.

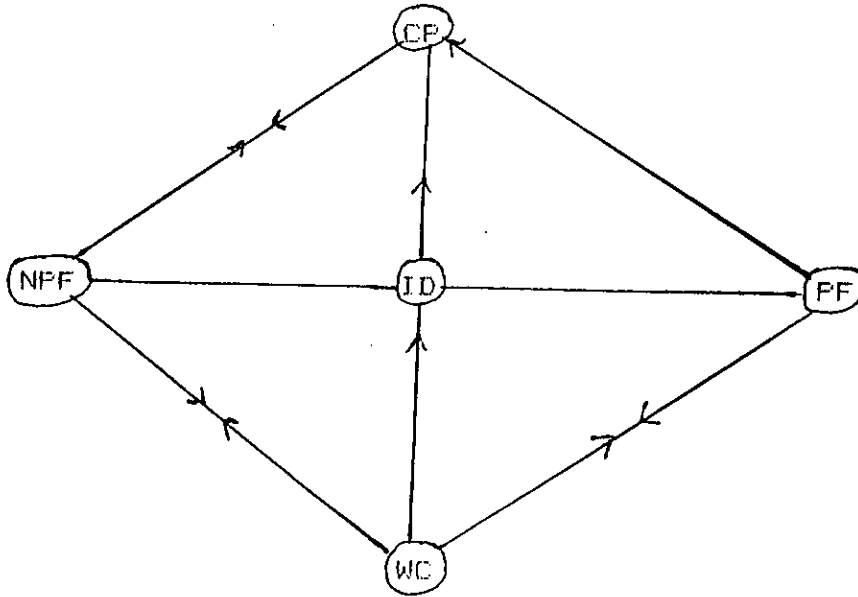
ANALYTICAL PLAN

Both descriptive and multivariate statistics will be used to interpret the results of proposed study. The descriptive statistics will include averages, percentages, rates and ratios as well as correlation coefficient. Multivariate analysis will cover the multiple regression in which an effort will be made to ascertain the degree of influence of several variables and individual factors in explaining the variance of performances of the study area. An additive regression model will be used to see how the addition of one independent variable explain significantly the variation in the dependent variables after controlling the effect of the preceding variables.

Studies undertaken in the field of population science are largely based on questionnaire surveys yielding data amenable to quantitative analysis only. Consequently very little information is available concerning peoples perceptions, opinions and attitude towards population control measures which could be useful to policy makers and programme administrators for their understanding of fertility determinants. Proposed study will undertake both survey as well as focus group study for quantitative and qualitative analysis.

Figure-3

Analytical Framework Illustrating Hypothetical Relationship Among Major Determinants of Contraceptive Practices in Bangladesh



- CP = Contraceptive Practice
- ID = Individual Disposition
- PF = Programmatic Factors
- WC = Worker's Credibility
- NPF = Non-Programmatic Factors

Analytical framework illustrating hypothetical relationship among major determinants of variation in contraceptive practice in Bangladesh is presented diagrammatically in figure-3. The diagram shows that contraceptive practice and reproductive behavior of an individual is affected by a number of factors which can be represented in the following four broad levels of aggregation. 1) Individual disposition, (2) programmatic factors, (3) Non-programmatic factors and (4) Workers credibility. It is our hypothesis that variation in the performances in terms of CPR in Bangladesh can be attributed to a combination of differences at these four levels of aggregation in different areas of Bangladesh.

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LLIST OF VARIABLES

A. FIELD WORKER LEVEL

1. Worker density
2. Vacant position
3. Narrow focus on one or two methods, like sterilization and pill
4. Infrequent client contact
5. Quantity of contact
6. Quality of contact
7. Poor report
8. Lack of medical supplies
9. Medical back-up and technical supervision
10. Ritualistic record keeping
11. Lack of training
12. Inadequate field supervision

FIELD SUPERVISION LEVEL

13. Absence of planning and problem solving strategies
14. Role ambiguity and lack of authority
15. Supervisory styles and activities focused on inspection and adherence to bureaucratic procedures than on guidance support and performance oriented controls
16. Lack of coordination consequent officials as well as between officials and workers.
17. Record keeping system not utilized for managerial purpose

18. Low field presence of supervisors

POLITICAL AND ADMINISTRATIVE LEVEL

19. Government commitment
20. Donor commitment
21. Staffing policies
22. Job description
23. Integration issues
24. Density issues
25. Salary structures
26. Administrative hierarchy
27. Policy implementation
28. Formulation of orders
29. Supply distribution
30. Staffing transfer
31. Worker training
32. Reward sanctions for performance
33. Role of local government

FIELD PROGRAMME AND WORKER CHARACTERISTICS

34. Organization of field programme
35. Staffing pattern
36. Worker population ratio
37. Work effort
38. Work motivation
39. Work routines
40. Work style
41. Pattern of supervision level

42. Information system
43. Logistic/supply
44. Service availability, MCH, Health, Family planning with cafeteria approach, FWC, Satellite clinic.
45. Facilities available, distance
46. Access to service and facility available
47. Transport and communication
48. Worker characteristics
49. Experience
50. Qualification
51. Socio-economic
52. Demographic
53. Jobs performance
54. Gender
55. Motivation
56. Effort
57. Routine style
58. Religion
59. Marital status
60. Utilization of services
61. Personal approach and capacity to drive
62. Reasons for accepting family planning
63. Reasons for not accepting family planing
64. Ever use before
65. Duration of use (in month)
66. Whether dai is known
67. Whether FWA is known
68. Whether FWA visited her

69. Last visit to her by FWA (in month)
70. Source of supply of contraceptive
71. Whether family planning clinic exists
72. Whether ever visited it.
73. Whether service provided in this clinic
74. Reasons for not visiting this clinic
75. First source of information about the clinic
76. Whether ever said about clinic by FWA of family planning programme
77. Whether aware of FWA
78. Whether aware of Medical Assistant
79. Whether aware of female doctor.
80. Whether experienced any unexpected birth as a consequence of method failure
81. Actual number of unwanted birth

NON PROGRAMMATIC VARIABLES

DEMOGRAPHIC VARIABLES

82. Age of respondent
83. Marital status
84. Husband's age
85. Age at first marriage
86. Number of ever born children
87. Age difference between 1st. and 2nd. child in month
88. Age difference between 2nd. and 3rd. child
89. Age difference between 3rd. and 4th. child
90. Age difference between 4th. and 5th. child
91. Age difference between 5th. and 6th. child

92. Age between 6th. and 7th. child
93. Age between 7th. and 8th. child
94. Age between 8th. and 9th. child
95. Age between 9th. and 10th. child
96. Number of living children
97. Age of last child (in month)
98. Give birth in last 12 months.
99. Desired number of children
100. Whether number of children born as expected
101. Desire for any more children
102. Number of living sons
103. Wife's ability to read and write
104. Children's ability to read and write
105. Children's level of schooling

ECONOMIC VARIABLES

106. Husband's occupation
107. Husband's annual income (in Taka)
108. Whether work outside dwelling space
109. If yes monthly income from outside work (in Taka)
110. Wife's occupation
111. Wife's annual income (in Taka)
112. Whether works outside dwelling space
If yes monthly income for outside work (in Taka)
113. Whether wife observes pordah
114. Whether works within household level
115. Whether posses T.V./Radio
116. Whether subscribe news paper or journal

117. Whether posses homestead land
118. Whether posses cultivable land
119. Whether cultivate own land
120. Whether cultivate other's land
121. Whether sales out physical labour
122. Transport and communication

SOCIAL VARIABLES

123. Religion of the respondent
124. Urbanization
125. Industrialization
126. Distance from the district city
127. Women's mobility
128. Women's decision making capacity
129. Women's status
130. Cultural rigidity
131. Cultural flexibility
132. Women empowerment
133. Relationship with local u.p. chairman and u.p. members
134. Local conflict with different samaj
135. Landlessness
136. Indebtedness
137. Mother's club in the locality
138. Cooperative society in the locality
139. Law enforcing capacity of the authority
140. Employment opportunity for male
141. Employment opportunity for female
142. Male female discrimination
143. Possibility of child employment

144. Security condition
145. Proximity to the local market
146. Proximity to the railway station
147. Proximity to the bus station
148. Proximity to the launch station
149. Proximity to the cinema hall
150. Possibility to work outside home
151. Number of primary school in the locality
152. Number of high school in the locality
153. Number of colleges in the locality
154. Number of Madrasha in the locality
155. Number of mosque in the locality
156. Percentage of minority population in the locality
157. Number of divorce in the locality
158. Number of separation in the locality
159. Household members sharing same kitchen
160. Incidence of infant and child mortality
161. Standard of living.
162. Occupation other than agriculture

ENVIRONMENTAL VARIABLES

163. Incidence of flood
164. Incidence of drought
165. Soil erosion by the river
166. Incidence of cyclone and tidal bore

Worker Questionnaire

IDENTIFICATION OF THE RESPONDENT

1. Name of the person interviewed:
2. Designation
3. Personal information of the respondent: Demographic and Socio-economic
4. Name of husband/father of the respondent
5. Address village + post office : -----
 Union: ----- Upazila: -----
 District: -----
6. How old are you now? ----- years
7. Which class have you passed? ----- class passed
8. What is your religion? -----
9. Are you married? ----- unmarried -----
 Divorced ----- Separated -----
10. Current age of husband: -----
11. Age of first marriage: -----
12. Number of children ever born alive since first marriage: -----
13. Number of surviving children since first marriage
 -----sons ----- daughter ----- Total
14. How old is your youngest child? -----
15. Do you still give him/her breast milk ? Yes No
16. Who look after your children when you go out for work? -----

17. Did your husband attend school? -----no
 yes: What is the highest class he passed? ----- class
18. What does your husband usually do for the living? -----

19. Does your family own any cultivable land? ----- no
 yes: how many bighas? -----
20. Are your parents-in-law living with you?
 Father-in-law: ----- yes ----- no ----- dead
 Mother-in-law: ----- yes ----- no ----- dead
 Sister-in-law: ----- yes ----- no ----- dead
 Brother-in-law: ----- yes ----- no ----- married
 ----- unmarried
21. Total number of your household number
 using same kitchen
22. When did you join as FWA
23. Was there any opposition regarding your joining by
 your husband yes ----- no -----
 Father-in-law yes ----- no -----
 Mother-in-law yes ----- no -----
 Father yes ----- no -----
 Mother yes ----- no -----
 Other member of your family yes ----- no -----
24. Does your family own the following items?
 Radio ----- yes ----- no
 Television ----- yes ----- no
 Watch/clock ----- yes ----- no
 Motor cycle ----- yes ----- no
 Bicycle ----- yes ----- no

Sewing machine ----- yes ----- no

25. Do you or your husband regularly buy subscribe to
a news paper? ----- no ----- yes name of the paper

26. Is there any tube-well in your Bari? yes ----- no -----

B Information about the place of work

27. Name of the place of work as per official

28. Name of upazila ----- union ----- village
word ----- unit -----

29. Number of units respondent has to work

30. Number of population respondent has to serve

31. Work area of the respondent & Physical condition

32. Transportation and communication of the work area

33. Does the respondent family live in this village

----- no ----- yes for how long have you
been living?

34. How many samaj are there in this village and unit
number -----

35. Which samaj does your family belong to? name:-----

36. How many members are there in your samaj?

members -----

37. Does any member of your samaj hold the following

	<u>From Bari</u>	<u>From Samaj</u>	<u>Relation to the respondent</u>
U.C. Chairman	-----	-----	-----
U.C. member	-----	-----	-----

Village matbar _____

Ration dealer _____

38. Do you have an women's cooperation/club in your village?

----- no ----- yes are you/is any woman of your bari a member of the cooperative club?

39. When did you start the job of FWA?

date ----- month ----- year -----

40. Before you started this job, had you ever worked in a paying position?

----- no ----- yes ----- what kind of job was it? (description of work)-----

41. Do you wish to continue your work as FWA? or you are looking for a new job? ----- no ----- yes why do you think so? -----

42. Do you think that FWA job is a good work for women?

----- no ----- yes ----- why do you think so? -----

43. How many couples in your unit could be considered as reproductive age ----- number

44. How many of them using contraceptives? number -----

45. How many of them are:

relation from your parents side:-----

relation from your in-laws side: -----

non relatives samaj members

non reative non-samaj villagers -----

46. Do you think this is the best number of users you

can achieve?

47. Could you increase this number of users?

----- no ----- yes ----- why do you think
so?

48. What measures should be taken to response the number of
users -----

who should approach, yourself -----

your supervisor -----

others like union council member, school teacher,
local matbar or religious leader.

49. Did you get any training on Family Planning and MCH

yes ----- no ----- why -----

50. Do you think that additional training is needed to
improve your performance further?

----- no ----- yes in which aspect

51. Do you discuss your work with your husband?

----- no ----- often ----- occasionally

52. Do your husband assist you in your work?

----- no ----- yes how? -----

53. Do any of the following persons disapprove your work as
FWA?

Mother-in-law ----- yes ----- no NA (Decreased)

Father-in-law ----- yes ----- no NA

Mother-in-law ----- yes ----- no NA

Mother ----- yes ----- no NA

Father ----- yes ----- no NA

Bari head ----- yes ----- no NA

Head of own samaj ----- yes ----- no NA

54. Does any of these persons encourage you in your work?

55. As you know that every contraceptive method has its merits and demerits. Based on your experience and observation, list in order of merit the names of two methods available/ or couple who desire spacing.

<u>Name of method</u>	<u>Reasons for your choice</u>
1. -----	-----
2. -----	-----

Couple who desire no more children:

<u>Name of method</u>	<u>Reasons for your choice</u>
1. -----	-----
2. -----	-----

56. Are you using now any contraceptive?

----- yes (name of the method)

----- no; did you use any method in the past?

----- no ----- yes (name of the method)

57. Are you pregnant now?

58. After the baby is born do you want more children?

yes ----- no ----- God knows -----

59. How many methods you are providing to your client?

Method: pill, condom, vasectomy, tubectomy/ligation

IUD, injection, foam tablets/jelly, rhython,

azal (withdrawal), other/capacity

60. Did your client complain you about the side effect of specific method ----- no ----- yes -----

which method ----- what type of side effect

61. What measures you have taken for the treatment of side effect.

62. Is there FWC in your union?
----- no ----- yes -----

63. Do you have regular contract with FWC
No -- why yes ----

64. Is there any health worker in your locality?
No ----- yes -----

Do you have contact with them.

Couple who desire no more children:

<u>Name of method</u>	<u>Reasons for your choice</u>
1. -----	-----
2. -----	-----

56. Are you using now any contraceptive?
----- yes (name of the method)
----- no; did you use any method in the past?
----- no ----- yes (name of the method)

57. Are you pregnant now?

58. After the baby is born do you want more children?
yes ----- no ----- God knows -----

59. How many methods you are providing to your client?
Method: pill, condom, vasectomy, tubectomy/ligation
IUD, injection, foam tablets/jelly, rhythm,
azal (withdrawal), other/capacity

60. Did your client complain you about the side effect of
specific method ----- no ----- yes -----
which method ----- what type of side effect

61. What measures you have taken for the treatment of side
effect.



75. Do you provide any medicine to children?

No ----- why yes ----- what medicine

76. Do you face any problem talking to women about family planning? How do you solve those problem?

77. As FWA, do you discuss family planning with client's husband? Or is it possible to talk with women only?

78. How frequently your immediate supervisor use to visit at your work place ----- weekly, every 15 day ----- monthly, ----- bimonthly -----

79. How frequently your upazila supervisor use to visit you weekly, ----- every 15 days, ----- monthly ----- bimonthly -----

80. What are your responsibilities as FWA?

81. What will be the most important task you will face as FWA?

82. What about the relationship you have with the client you visit? Has your interpersonal relationship changed with them? Do women listen to you more? Do they consider you a more financial now, than they use to be at the beginning?

83. How do women perceive your job? What do they think of you? Has this changed over time?

84. Do you use Borkha? When you go to your work place?

85. Do you visit to clients who perform pordah?

86. Do you face any difficulties from local religious
leaders or local leaders?

----- No yes -----

How do you tackle that? -----

87. How family planning programmes can be improved
further?

Name of the interviewer: -----

INDIVIDUAL QUESTIONNAIRE

A. Identification of Respondent:

1. Name of respondent:
2. Name of father/husband of respondent:
3. Address:

Village : _____

Union : _____

Upazila : _____

District : _____

B. Information on demographic as well as socio-economic situation

4. Age :
5. Marital status :
Married - 1 Unmarried - 2
Divorced - 3 Separated - 4
6. Current age of husband
7. Age at first marriage
8. Number of children ever born alive since first marriage.
9. Number of surviving children since first marriage
10. Age of last living child (month)

11. Was there any child born alive during last twelve month or before conducting this survey

Yes -- 1

No -- 0

12. Number of family members who take their meals from the same kitchen

13. Are you now pregnant:

Yes -- 1

No -- 0

14. For how many months you are carrying baby?

(month)

15. What is the reason as you become pregnant?

I myself want more children

Family planning methods become useless

Contraceptives were not available in time

Husband wants more children

16. Had you ever used family planning method before present pregnancy?

Yes -- 1

No -- 0

17. If yes, how many days before

(write days)

18. Did you or young husband intend to end pregnancy during two months of occurring this pregnancy?

Yes -- 1

- No -- 0
19. Would you adopt family planning method after giving birth of this time?
- Yes -- 1
- No --- 0
20. Can you read and write?
- Yes -- 1
- No -- 0
21. Academic background:
- Pre-Primary -- 1
- Primary -- 2
- Lower Secondary -- 3
- Secondary -- 4
22. Husband's educational qualification:
- Illiterate -- 0
- Pre-primary -- 1
- Primary -- 2
- Lower Secondary -- 3
- Secondary -- 4
- Higher Secondary and above -- 5
23. Husband's main occupation:
- Service -- 1
- Cultivate own land -- 2
- Cultivate others land -- 3
- Shop keeping -- 4
- Teaching -- 5

Business --- 6

Work of a day
labour --- 7

Others --- 8

24. Annual income of husband

25. Do you do any other work except
household work?

Yes --- 1

No --- 0

26. If yes, what is the average monthly
earnings from this work?

(write in Taka)

27. Do you own any Radio/Television?

Yes -- 1

No -- 0

C. Information on Family Planing:

28. Do you have any support for
family planning?

Yes -- 1

No -- 0

29. How many methods do you know of?

(number)

30. Which of following methods do
you know of?

Condom -- 1

Pill -- 2

Sterilization -- 3

Coil	---	4
Emko	---	5
Azal	--	6
Safe period	--	7
Others	--	8

31. Are you now adopting any family planning method?

Yes -- 1

No -- 0

(If the answer is no, go to question No. 33)

32. Why are you adopting family planning method?

For having small family --

For keeping my health good ---

For keeping good health of my children --

For family income --

Expenditure on rearing too many children is much ---

Others ---

33. Why you do not use family planning method?

Does not keep good --

Husband does not like --

We want more children --

No one told us about family planning --

Health trouble --

Family planning methods have bad effects --

Others (specify)

34. Did you over use any family planning methods?

Yes -- 1

No --- 0

35. How long you had been using family planning methods?

(write month)

36. Do you know mid-wife (Dai) of family planning?

Yes --- 1

No --- 0

37. Do you know Family Welfare Assistant (FWA)?

Yes --- 1

No --- 0

38. Did FWA and Dai ever come to you?

Yes --- 1

No --- 0

39. When they last came?

40. From where you mainly collect family planning methods?

(a) Dai --- 1

(b) FWA --- 2

(c) From shop -- 3

(d) Through husband -- 4

(e) From others --- 5

(f) From Depot -- 6

41. Do you have any information that there is a Health and Family Planning Centre in your union?

Yes --- 1

No --- 0

42. Did you ever go to this centre for getting any service?

Yes -- 1

No -- 0

42. Did you ever go to this centre for getting any service?

Yes -- 1

No -- 0

(If the answer is 'No' go to the question No. 44)

43. What type of contraceptive/services are provided to in this clinic?

(a) Condom -- 1

(b) Pill -- 2

(c) Coil -- 3

(d) Special service arrangement for
mother and child health -- 4

(e) Medicine for treatment -- 5

(f) Don't know -- 0

(Go to question no. 45)

44. Why you did not go to this centre?

No one did tell us about the centre --

Things are hardly available --

Do not supply medicines properly --

Employees of the centre are not so good --

The centre is far from house --

There is no faith on Doctor/Visitor
in the clinic --

The employees in the centre do not behave well --

Grand father/mother raise objection --

Peoples take it otherwise --

Others (specify) --

45. Who has informed you first about this clinic?

Neighbour/friends -- 1

Husband -- 2

Relatives -- 3

Dai/FWA -- 4

Health Assistant -- 5

Community leader -- 6

46. Have the Dai/FWA never told anything about it?

Yes --- 1

No --- 0

47. This clinic appointed Medical Assistant as well as Family Welfare Visitor for giving you service. Are you aware of this?

FWV = Yes - 1, No - 0

MA = Yes - 1, No - 0

48. It may be that a child was born due to ineffectiveness of the use of contraceptives. Do you have any one among your children who was born so?

Yes -- 1

No -- 0

49. How many of them

(number)

50. Family Welfare Centre offer many services, such as, supply of contraceptives, arrangement for general treatment, etc. In your opinion what measures should have to be taken so that people could avail that opportunities.

-- Doctor/MA must be available

-- Visitor must be available

-- Properly supply of medicines should be ensured

- There must be god arrangement in the clinic
- Peoples must be informed about this clinic
- Others (specify)

51. In respect of several family related important matters like children's admission into school, son's circumcision, sister/daughter's marriage, visit to friend's or neighbour's house or taking loan from others, who makes decision? .

- Yourself
- Your spouse
- Both

DISTRICT AND UPAZILA QUESTIONNAIRE

1. IDENTIFICATION
2. Name of the District
3. Interviewer Name _____ Date _____
4. Respondent Name _____ Designation _____
5. Access to big city
6. Distance from the District
7. Means of Transport
8. Time taken for journey (in hours)
9. Means of transport during dry season.
10. Time taken for journey (in hour)
11. Transport (nearest accessible)
12. Paved/Metalled Road
13. Bus stop
14. Launch ghat
15. District Council Road
16. Social and economic service
17. Public institutions
18. Primary school total number of district and upazila
19. Jr. high school total number of district and upazila
20. High school total number of district and upazila
21. College total number of district and upazila
22. Madrasha total number of district and upazila
23. Mosque total number of district and upazila
24. Temple total number of district and upazila

- * 25. Rural Health Centre total number of district and upazila
26. GOB dispensary total number of district and upazila
27. GOB MCH Clinic total number of district and upazila
28. Union Council Community Centre total number of district and upazila
29. Post office total number of district and upazila .
30. Bank total number of district and upazila .
31. Market total number of district and upazila
32. Personnel Service in the upazila
33. Qualified doctor total number of district and upazila
34. Kabiraj total number of district and upazila
35. Homeopath total number of district and upazila
36. Other doctors total number of district and upazila
37. Veterinarian total number of district and upazila
38. Agricultural Extension work total number of district and upazila
39. Midwife total number of district and upazila
40. Imam total number of district and upazila
42. Number of Union Council Chairman total number of district and upazila
43. Number of Union Council Member total number of district and upazila
44. National Political leader
45. Existence of
46. Youth Club
47. Women's Cooperative
48. Fisherman's Cooperative
49. Farmer's Cooperative
50. Adult education programme
51. Religious Composition

52. Muslim
53. Hindu
54. Others
55. Percentage of literacy
56. Male literacy
57. Female literacy
58. Percentage of primary educated
59. Percentage of SSC educated
60. Percentages of HSC and above
61. Area under electricity
62. Percentage of urban population
63. Percentage of rural population
64. Number of big industries
65. Number of small industries
66. Percentage of male industrial worker
67. Percentage of female industrial worker
68. Women employment outside home
69. Women employment within dwelling place
70. Women mobility outside home
71. Women empowerment situation
72. Divorce rate in the locality
73. Age of marriage in the locality
74. Agriculture under modern cultivation
75. Main occupation of the locality
76. Number of cinema hall in the upazila
77. Number of FWA position in the upazila
78. Number of vacant position of FWA

79. Number of vacant position of FFA
80. Number of vacant position of UFPO, MO-MCH and MO-CC in the district and upazila for the last 5 years
81. Number of NGO worker in the district and upazila
82. Number of union and upazila of the district
83. Number of FWC in the locality
84. Satellite clinic in the upazila and district

Specific Question to the District, Upazila and Local level officials, political leaders, school teachers, Madrasha teachers, etc.

85. How is the Performance of the district in Family Planning?
86. How does this compare with performance last year during comparable period?
87. Would you be able to achieve the target?
88. Are there any constraint in the performance?
89. Facilities
90. Transport
91. Staff
92. Training
93. Supplies
94. Relationship with local people
95. Administrative problems
96. Attitude of staff
97. What is the contribution of District and Upazila Committee towards incentives?
98. What can be done to improve performance?
99. What about involvement of other agencies
100. What about integration of health and FP?

101. What about NGO worker in the district and upazila?
102. Is there any cooperation between NGO and government worker?
103. What can you do to improve the performance?
104. Are there any other matters which you would like to highlight in relation to improve performance?
105. What about community and individual incentive?

Appendix VI

TIME TABLE OF THE STUDY PHASE I JULY 1990 - JUNE 1991

1. Starting of the Study July 1990 to September 1990
2. Field pretest September to November 1990
3. District Upazila Characteristics and indept observation December 1990 - March 1991
4. Analysis of data
Analysis of focus group study April 1991 - June 1991

TIME OF THE STUDY PHASE - II JULY 1991 - JUNE 1992

1. Data collection of workers characteristics July 1991 to September 1991
2. Data collection of individual and household characteristics September 1991 - January 1992
3. Data analysis January 1992 - March 1992
4. Report writing March 1992 - June 1992

budget

July - 1990 June 1991

	In US \$	In Taka
1. Personnel	20,000	640,000.00
2. Travel & Transport	5,000	160,000.00
3. Computing	1,500	48,000.00
4. Data Collection	1,500	48,000.00
5. Supply & Materials	1,500	48,000.00
6. Workshops, Seminars & Meetings	1,500	48,000.00
7. Others	700	22,400.00
<hr/>		
Total Direct Cost	31,700	10,14,400.00
<hr/>		
Indirect Cost 31%	9,827	3,14,464.00
<hr/>		
Grand Total	41,527	13,28,864.00
<hr/>		

July 1991 - June 1992

	IN US \$	In Taka
1. Personnel	24,000	7,68,000.00
2. Travel & Transport	5,000	1,60,000.00
3. Computing	3,500	1,12,000.00
4. Data Collection	3,000	96,000.00
5. Supply and Materials	1,500	48,000.00
6. Workshops, Seminars & Meetings	3,000	96,000.00
7. Others	1,000	32,000.00
<hr/>		
Total Direct Cost	41,000	13,12,000.00
<hr/>		
Indirect Cost 31%	12,710	40,6720.00
<hr/>		
Grand Total	53,710	17,18,720.00
July 1990 - June 1991	41,527	13,28,864.00
July 1991 - June 1992	53,710	17,18,720.00
<hr/>		
July 1991 - June 1992	95,237	30,47,584.00
	=====	=====

The clarification of the comments of the reviewers

In the first draft three high and three low performing districts were selected and one high and one low performing upazilas were again selected from each district. The sample size was 500 from each upazila. Dr. Bairagi suggested that 500 sample would be too big and it will require more money and time. He also mentioned that in the low performing upazilas, the variation of performance in terms of CPR is so low that even 500 sample size will not be statistically significant. As per his suggestion only one low performing upazila has been selected from each low performing district. According to his advice the sample size has been reduced to 250. In the high performing upazila the variation of performance is so high that only 250 sample would be statistically significant.

Dr. Barkat-e-Khuda raised the issue of sample size. I think Dr. Bairagi's comments sufficiently answer his question. He also raised the question of focus group study. It is very clearly identified in the protocol. So far the question of ownership of land is concerned I would say it is very difficult to get correct land statistics. There are different classification of ownership pattern of land such as absentee landlord, landlord, rich, middle and poor peasant, land less peasant share cropper etc. If we go into all these details the study will be more complex. We have already included ownership and occupation pattern of land. Dr. Khuda mentioned about the variables. In fact it is better to include more variables than exclude some important one.

THE INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH,
BANGLADESH
MEMORANDUM

TO: Director

FROM: Dr. R. Biaragi *R. Biaragi* DATE: 23 May 1990
Senior Scientist

SUBJECT: Review of the Protocol

I have read the proposal entitled "Effects of programmatic and non-programmatic factors on the variation of contraceptive practice and reproductive behaviour in Bangladesh" by Dr. Ahmad Neaz. My comments are given below.

The main objectives of this project are:

- (1) Is to contribute in formulating a new strategy for population programme in the light of national family planning experiences in Bangladesh.
- (2) Is to identify the factors underlying the variation in performance in term of CFR.
- (3) Is to blend demand and supply variables in the right proportion to ensure the best use of scarce resources and time.

The data will be collected nationally using multistage sampling procedure. All the districts will be classified according to CFR which will be obtained from Government MIS and three districts with high CFR and three districts with low CFR will be selected. Ultimately individual level data on contraceptive use will be collected from the married women of child bearing age. It is proposed that 500 women from each upazila will be interviewed.

Data will be mostly analyzed by cross-tabulation. Some multivariate statistical analysis will be performed.

So far I know this kind of study was not done in Bangladesh before and feel the results of the study will be important for national population policy formulation.

However, author should give more thoughts on sample size and analysis plan. Instead of 500 from each upazila 250 women should be adequate for this work. The budget seems to be estimated conservatively. Data collection costs should be increased at least by 25%.

cc: Acting Head, PSED
Acting Project Director, MCH-FP Extension.

RB:ok

URC

May 14, 1990

Dr. Michael A. Koenig
Project Director
MCH-FP Extension Project
ICDDR,B
Mohakhali
Dhaka

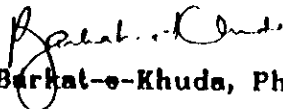
Dear Dr. Koenig,

I have read the protocol sent by you entitled "Effects of Programmatic and Non-Programmatic Factors on the Variation of Contraceptive Practice and Reproductive Behaviour in Bangladesh" with interest, and I feel that the proposed study would contribute to the existing body of knowledge on the effects of programmatic and non-programmatic factors on Contraceptive Practice, and thereby, come up with appropriate policy recommendations toward a blending of the demand and supply aspects in right proportions. However, I have a few comments which are given below:

- (1) The basis for selecting 250 households from each study upazilla needs to be justified.
- (2) The respondents for interviews and focus group discussion should be specified.
- (3) The list of variables appears to be quite long. It would be better to narrow down the list without, however, affecting the objectives of the study.
- (4) It would be advisable to obtain data on the amount of landholding owned and operated rather than merely whether one possesses and cultivates own land.

Thanks and regards.

Sincerely,


Barkat-e-Khuda, Ph.D.

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