ICDDRB: Centre for Health & Population Research **RRC APPLICATION FORM**

RESEARCH PROTOCOL

FOR OFFICE USE ONLY
Protocol No: 2000-007 Date received:
RRC Approval: Yes/ No Date:
ERC Approval: Yes/No Date:

Project Title: Hormonal Contraception: The User's Perspective

Theme and key words: Contraceptive side effects, combined pill and injectable, management of side effects.

Principal Investigator: Juliet McEachran **Division: PHSD** **Phone:** 811.7675

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Co-Principal Investigator(s):

Co-Investigator(s):
Dr Kim Streatfield (Advisor)

Student Investigator/Intern:

Collaborating Institute(s):
University of Southampton, Marie Stopes Clinic Society

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

Gender
- ☐ Male
- ☑ Females

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

- ☐ Pregnant Women
- ☐ Fetuses
- ☐ Prisoners
- ☐ Destitutes
- ☐ Service providers
- ☐ Cognitively Impaired
- ☐ CSW
- ☐ Others (specify _____)

Project / study Site (*Check all the apply*):
- ☐ Dhaka Hospital
- ☐ Matlab Hospital
- ☐ Matlab DSS area
- ☑ Matlab non-DSS area
- ☐ Mirzapur
- ☐ Dhaka Community
- ☐ Chakaria
- ☐ Abhoynagar
- ☐ Mirsarai
- ☐ Patyia
- ☐ Other areas in Bangladesh _____
- ☐ Outside Bangladesh
  name of country: _____
- ☐ Multi centre trial
  (Name other countries involved)
  _____

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

Targeted Population *(Check all that apply)*:

- [x] No ethnic selection (Bangladeshi)
- [ ] Bangalee
- [ ] Tribal groups
- [ ] Expatriates
- [ ] Immigrants
- [ ] Refugee

Consent Process *(Check all that apply)*:

- [x] Written
- [ ] Oral
- [ ] None
- [x] Bengali language
- [ ] English language

Proposed Sample size: Total sample size: 60 ☐

Sub-group: Pill continuers: 10
Pill discontinuers: 10
Injectable continuers: 10
Injectable discontinuers: 10

Never-user of the pill but has used other modern method: 10
Never-user of the injectable but has used other modern method: 10

Determination of Risk: Does the Research Involve *(Check all that apply)*:

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

Yes/No

- [x] [ ] Is the information recorded in such a manner that subjects can be identified from information provided directly or through identifiers linked to the subjects?
- [x] [ ] Does the research deal with sensitive aspects of the subject's behavior; sexual behavior, alcohol use or illegal conduct such as drug use?

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

- [ ] [x] a. place the subject at risk of criminal or civil liability?
- [x] [ ] b. damage the subject's financial standing, reputation or employability; social rejection, lead to stigma, divorce etc

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

- [x] greater than minimal risk
- [ ] no risk
- [ ] no more than minimal risk
- [ ] only part of the diagnostic test

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

Yes/No

☑ ☐ Is the proposal funded?

If yes, sponsor Name:

Economic and Social Research Council (UK) and the Simon Population Trust

Is the proposal being submitted for funding ?

☐ ☐ If yes, name of funding agency: _____

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

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

Dates of Proposed Period of Support		**Cost Required for the Budget Period ($)**				
(Day, Month, Year - DD/MM/YY)		*a.*	*Ist Year*	*2nd Year*	*3rd Year*	*Other years*
Beginning date	April 2000		*USD 3746*			
End date	May 2000	*b.*	***Direct Cost :*** *USD 3746*		***Total Cost :*** *USD 3746*	

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.

Name of the Division Director _____ Signature _____ Date of Approval _____

Certification by the Principal Investigator

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

Signature of PI J. McGlennon

Date: 3rd April 2000

Name of Contact Person (if applicable)

Dr K Stronachield

McEachran, Juliet

Table of Contents

√ Check here if appendix is included

McEachran, Juliet

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

Principal Investigator

Juliet McEachran

Project Name

Hormonal Contraception: The user's perspective

Total Budget $3746 (Already funded) Beginning Date April 2000 Ending Date June 2000

While the contraceptive prevalence in Bangladesh has increased dramatically in recent years, discontinuation rates are high, 46.9% discontinuing in the first 12 months of use in 1996/97 (1). Hormonal methods of contraception dominate the method mix, and these methods have a high level of discontinuation due to side effects, 24.2% and 35.6% of use is discontinued due to side effects in the first year for the pill and injectable respectively. For the Bangladesh Family Planning Programme to increase its impact and further enable women to manage effectively their reproductive careers, a greater understanding of the processes underlying discontinuation due to side effects is required. For while continued use of a method is not necessarily an indication of satisfaction, discontinuation does indicate dis-satisfaction, (2).

This study will use qualitative techniques to examine why women discontinue due to side effects by investigating the experiences of women in their use of hormonal contraceptives. The Matlab based study will interview a total of 60 women, 20 pill users and 20 injectable users 3-5 months after they adopt the method. Of the 20 pill users 10 of the women continued using the method and 10 discontinued, the same will apply to the 20 injectable users. In addition to these 40 women, 10 women who have never used the pill and 10 who have never used the injectable will be interviewed in order to obtain a clearer impression of the community beliefs about these methods. This has been found to be necessary in light of the experience in Dhaka where the majority of women have used both methods.

The aims of the study are as follows:

1. To identify the side effects reported by women.
2. To identify how these side effects are seen to be caused by hormonal methods.
3. To examine how these side effects impact on women's day to day lives.
4. To examine the strategies adopted by women to mitigate against these side effects.
5. To examine why some women continue use and others discontinue.

This research is part of a PhD thesis examining effective contraceptive management in Bangladesh including extensive analysis of the 1993/94 and 1996/97 DHS. This part of the thesis builds on the quantitative analysis of discontinuation due to side effects to examine the processes underlying the decision to discontinue due to side effects.

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

Name	Professional Discipline/ Specialty	Role in the Project
1. Juliet McEachran	Demographer	Principle Investigator
2. Dr Kim Streatfield	Demographer	Advisor
3.		
4.		

DESCRIPTION OF THE RESEARCH PROJECT

Hypothesis to be tested:

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

This is a qualitative study and there is therefore no 'hypothesis' as such to be tested. However this study aims to examine the processes underlying the specific behaviour of hormonal discontinuation due to side effects. The components of this process include patterns of behaviour, and verbal and non verbal influences on a woman's behaviour.

Specific Aims:

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

1. To identify the side effects reported by women.
2. To identify how these side effects are seen to be caused by hormonal methods.
3. To examine how these side effects impact on women's day to day lives.
4. To examine the strategies adopted by women to mitigate against these side effects.
5. To examine why some women continue use and others discontinue.

McEachran, Juliet

Background of the Project including Preliminary Observations

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

Discontinuation of hormonal contraceptive use due to side effects is common both in the developing and the developed world, and yet little is known about what precise side effects result in discontinuation and how these side effects impact on individual women's lives to result in discontinuation. In Bangladesh over 50% of women discontinue the pill and injectable as a result of side effects in within the first year of use, (1). This review aims to give an overview of the issues of modern contraceptive use and their effects on women's health, concentrating on women's perceptions.

The Biomedical Health Effects

The health benefits of any contraceptive use[1] are well documented and have been highlighted during the rapid increase in use that has occurred over past thirty years. These benefits are to both women and children through the delaying, spacing and limiting pregnancy(s). Other method specific advantages have also been found to be associated with contraceptive use. For example combined oral contraceptives (COC's) have been found to reduce cancers of the endometrium and ovary, and reduce the incidence of benign breast disease and pelvic inflammatory disease (3). An additional effect of COCs, which is more closely linked to its action, is the reduction of risk of anaemia due to the reduction in menstrual flow (3).

Negative side effects are also associated with contraceptive use, but as a result of the clinical testing procedures and drug licensing laws, those contraceptive methods that have been approved will always confer an advantage as opposed to a disadvantage. In the case of the pill there is evidence of increased risk of venous thromoboembolism among users and evidence for increased risk of ovarian and breast cancers (3). However these risk are low.

The user's perspective of health effects

While the medical view of the effects of contraceptive use is well defined both in terms of the advantages of family planning and other method specific attributes that can be advantageous, the users of these methods can have different views. In response to a study that found that 76% of US women stated that there are substantial risks associated with oral contraceptive use, Grubb and colleagues (4) investigated the perceptions of women in the Developing World.

This study did not aim to be nationally representative instead it sampled women in middle class urban areas so as to aid comparability between the eight study sites. Overall between 51% and 75% of the women surveyed felt that there were substantial risks associated with taking the pill. In the US study 31% of women surveyed believed that using the pill can cause cancer, and the Grubb study universal concerns were voiced about sterility associated with its use. Both of these perceptions are associated with major physiological consequences and at odds with medical research findings. In a survey of urban women in The Sudan some women linked the use of 'medical methods' such as IUD, vaginal methods and injections, to some cancers and deformation of the embryo. In addition the Sudanese women also stated concerns about temporary and permanent sterility. In Bangladesh Schuler and Colleagues (5) reported that long term use of the pill is believed to lead to sterility.

The perception of a contraceptive method as 'dangerous' has associated impacts on its use. In the case of the Grubb study between 26% and 60% of women had discontinued using the pill due to concerns about its safety and in each country there was a number of women who had never used the method due to reservations about its safety.

[1] This includes tradition methods, which can also be used for delaying, spacing and limiting births, e.g. withdrawal and the Rhythm method or periodic abstinence.

What is highlighted by the difference in opinion between the medical community and users is the poor flow of information between the two and poor understanding of the other's perspective. In the case of the Developed World it can be said that this information flow has improved since the studies were carried out, but there are still concerns. In the Developing World the situation is less clear.

The effect of a contraceptive method on a woman's health can be perceived by her in two different ways, one is the long term, more general effect of use, and the other are specific side effects that are associated with the action of the method or associated with its use.

In Bangladesh (6), India (7), and Sri Lanka (8) modern medicines are perceived to be very powerful. In the case of India this was in reference to modern medicine in general, while in Bangladesh and Sri Lanka this perception was found when investigating oral contraceptive methods. Such findings are not limited to South Asia. In South Lebanon Zurayk (9) reported that women stated the need 'to rest' from the pill and in Mexico Shedlin and Hollerbach (10) found that women believed that the pill 'weakens the body'.

There are two closely linked potential explanations for the belief that the action of hormonal contraceptive is inherently harmful. One of these is that women's perceptions of their own reproductive physiology do not easily accommodate the action of the pill, and the other is that women directly feel, or attribute, effects of the method on their body and this is viewed to be disruptive and powerful.

The Sri Lankan study by Nichter and Nichter (8) specifically sought to examine local rationales for contraceptive health concerns and to move away from the usual biomedical approach. As they point out, rumours about contraceptive methods that are often dismissed by the medical profession would not exist in a community unless they fitted in with prevailing health beliefs. A woman's understanding of physiology is likely to be influenced by education but on a much broader level beliefs are likely to be cultural specific and linked in many cases to the traditional and/or folk beliefs within the local population (11, 12).

The study by Maynard Tucker (11) found that while 61% of women and 19% of men had an accurate knowledge of how a contraceptive worked this was not accompanied by an understanding of the function of the reproductive organs. As the author points out, this could lead to a lack of understanding of any information given by the medical staff concerning the action of the method both in terms of how the method is supposed to be used and the side effects that could occur. In Sri Lanka (8) women's fears about the long-term toxicity of the pill culminated in a belief that the excess heat resulting from pill use leads to the womb drying out resulting in permanent sterility. Owing to the perception of the pill as this powerful, women felt that it should not be taken every day. This perception of the pill ties in with the beliefs discussed above concerning resting or taking a break from the pill.

Just as the pill maybe perceived as very powerful in a general way due to its action fitting poorly into an individuals perception of the bodies working, the clinical side effects of a method are also likely to viewed as detrimental.

Contraceptive Side Effects

A woman's contraceptive use is likely to form part of her broader reproductive health beliefs and indeed her concept of her own general health and therefore any side effects she may experience have a broader influence than simply her reproductive health status. Previous commentators have highlighted the need for contraceptive use to be viewed in the greater context of a woman's life. Schuler and colleagues (5) stressed the need for awareness of the external pressures which act on a woman using contraception, and Hardon (13) that the risks of contraceptive use need to be seen in the context of her daily life as opposed to being compared to the risk of an uplanned pregnancy.

Bangladesh

Contraceptive use in Bangladesh is characterised by a reliance on hormonal methods, and a high level of method discontinuation, in the case of hormonal methods, primarily due to side effects. (See below).

Table 1 Indicators of Contraceptive Use Dynamics (%)

	Pill		Injectable		All methods	
	93/94	96/97	93/94	96/97	93/94	96/97
Contraceptive prevalence (%)	17.4	20.8	4.5	6.2	44.6	49.2
First year discontinuation rate[2] (%)	45.0	44.4	57.6	51.0	47.8	46.9
First year discontinuation rate due to side effects/health concerns (%)	25.6	24.2	40.0	35.6	20.8	21.5

Source: 14,1

Secondary analysis of both the 1993/94 and the 1996/97 DHS has been carried out looking specifically at discontinuation due to side effects. Using multilevel hazard models, pill discontinuation due to side effects was found to be associated with duration of use, duration of marriage, and in the 1993/94 data, fertility preference. (15,). However no other variables were found to account for a significant proportion of this type of discontinuation. Through the use of multilevel techniques, which control for the hierarchical nature of populations and the data collection method, it was possible to examine the presence of unexplained variations in pill discontinuation. In this analysis, unexplained variation was found at both the cluster level and woman level; this variation was significant at the cluster level in the 1993/94 data, and at the woman level in the 1996/97 data. Hence, the other factors, unmeasured and/or immeasurable, determining discontinuation due to side effects in Bangladesh are concentrated at the woman and cluster level, and the presence of this unexplained heterogeneity suggests the need of further research into the factors surrounding pill discontinuation.

The Demographic and Health Surveys do not collect information on the type of side effects that result in discontinuation, although it is possible to obtain information on problems with current method. In Bangladesh the most common mentioned problems with current use of the pill are headaches, feeling weak/tired and nausea. In the case of injectable use the most frequently mentioned problems with current use are: no menstruation, weak/tired and headache.

The health concerns voiced by Bangladeshi women also agree with those found in a prospective study of OC discontinuation in Sri Lanka, (16). The Sri Lankan study also found that inter menstrual spotting or breakthrough, vomiting, hair loss, backache, abdominal pain and irritability were mentioned by women to be associated with OC use.

The impact of side effects

The effect of side effects on women's lives has been less examined. One study carried out in Cambodia (17) found that rural and lower parity women were more concerned about the effect of contraceptive use on their ability to work that urban and higher parity women. While weight gain due to injectable use was in general viewed favourably, however this was not the case if it prevented women from working.

In Bangladesh in a study on domestic violence Koenig et al (18) found that failure to perform domestic chores up to expectation was considered to be a justifiable reason for a woman to receive a physical beating. In this context it is likely that the side effects of weakness and headaches are likely to greatly concern a woman in terms of her day to day life. While a study carried out in Bangladesh examined the impact of dysmenorrhoea on a woman's daily life (19) the author is not aware of any other published material specifically focusing on the impact of side effects on women's lives.

Menstrual disturbances have an important significant to many women who believe that regular menstruation is "seen as a natural, vital and physiological occurrence indicative of good health". (20). In the context of Bangladesh, regular menstruation is also associated with good health, indicating that a woman has enough blood and is adequately nourished Johnston (21). In Mexico women stated that a method that causes amenorrhoea reduced their confidence in the method as menstruation is a clear signal to women that they are not pregnant (22).

[2] Based on all segments of use that started in the five years prior to the survey, not including those which started in the 3 months prior to the survey.

Strategies

Johnston (21) also found that the importance attached to regular menstruation resulted in the women using contraceptive injectables, which often causes amenorrhoea, switching methods, under going D+C (dilation and cutterage), or adopting traditional methods in order to resume menstruation.

Since regular menstruation is seen as an indicator of adequate nutrition a strategy in its absence is likely to be the need for nourishing foods and/or vitamins. This could also be the strategy for 'weakness/tiredness'.

This study aims to investigate the strategies employed by women to reduce the impact of contraceptive side effects on their lives, to identify the sources of these strategies and to examine why some women are able to tolerate and/or reduce the side effects while others discontinue use. The reliance on hormonal methods in Bangladesh and the high level of discontinuation due to side effects necessitate an in-depth investigation of the causes.

Research Design and Methods

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

Methods

This study will use qualitative methods to examine why women discontinue contraceptive use due to side effects. Quantitative methods have been used to examine who experiences side effects, and who discontinues due to side effects (e.g.23,24,25,26,27). However little is known about why women discontinue due to side effects. To examine this question and its potential multifactorial complexity a qualitative approach is required.

The use of in-depth interviewing techniques will allow the woman to recount her own experience of contraceptive use and describe the spoken and unspoken influences in both her adoption and decision to discontinue use. The decision to discontinue due to side effects is unlikely to a snap decision it is more likely the end of a process that may include discussion with others and/or the use of various strategies to mediate the side effects. The use of qualitative methods will enable the investigation of how hormonal contraceptive use affects different women in different ways with potentially different outcomes. In addition this technique will facilitate the examination of both the woman's own beliefs about the method and the beliefs held by those around her.

Procedures

The Principle Investigator will attend the fortnightly meetings held in the sub-centres in A and C blocks and identify women for interview by talking to the CHWs (Community Health Workers). Sampling will be obtained from a maximum number of CHWs in order to reduce the effect of clustering. Blocks A and C are to be used due to the maintenance of doorstep delivery in these areas, which make them more comparable to rural Bangladesh as a whole, as opposed to Blocks B and D where static services have been introduced.

The selection criteria are as follows:
All women included in the study have used the combined pill or three month injectable for the purpose of limiting their child bearing, ie none of the women desire more children.

The following groups of women will then be identified.

- Ten women who have used the combined pill for one to six months and discontinued due to side effects in the previous three months.
- Ten women who are currently using the pill for a duration four to seven months.
- Ten women who have used the three month injectable and discontinued due to side effects at three or six months in the previous three months.
- Ten women who are currently using the three month injectable for a duration four to seven months.
- Ten women who have never used the pill, but have used another modern contraceptive method.
- Ten women who have never used the three-month injectable, but have used another modern contraceptive method.

The restriction to women who have recently discontinued is to facilitate interview soon after the event. The variations in duration of use criteria are due to the fact that the pill can be discontinued at any time, compared to the injectable that has a fixed duration of, in this case, three months. Current users are limited to those who have used for four to seven months because of the large discontinuation due to side effects in the first six months and the fact that the pill is distributed in three month cycles and the injectable lasts for three months. Therefore use of the method for four to seven months means that the woman has obtained the method again to continue use.

The ten women who have not used the pill and ten who have not used the three-month injectable are to be interviewed in order to fully examine the community views of methods. It has been found in the urban study that many women have used both the pill and injectable and therefore their reporting of community beliefs are likely to be influenced by their own use.

The interviews will take place at the respondent's homes.

Alternative methods

In the case of discontinuation due to side effects, quantitative techniques have been used to examine the characteristics of women who discontinue due to side effects and using the DHS is it possible to examine the effect of some contextual factors. However while these analyses facilitate the identification of factors associated with discontinuation due to side effects they do not answer the question 'why'.

An examination of a dynamic process where women may experience/perceive different side effects, have different responses to these effects, may or may not employ strategies to mediate these effects and then may or may not decide to discontinue cannot be achieved through quantitative techniques, like the DHS. The complexity of this process could not be fully attained from a quantitative survey instrument. Obtaining information on personal experience using this type of survey would influence the results due the beliefs of the survey instrument designer affecting what and how questions are asked. In-depth interviewing allows the respondent the freedom to recount the issues most pertinent to them, thereby reducing the potential for the investigator to influence results.

Another approach would be to base the study design on the theory of reasoned action and/ or the health belief model. However there are drawbacks to using these. The focus on individual decision making is unrealistic and it is important to know who are the main influences on women both in terms of information sources and those whom make the decision either with her or for her. In addition by focusing on the individual these approaches do not enable decisions to be placed in the wider social context. Is contraceptive use accepted in her community, family or household? Since if her use is not approved of at any of these levels or is being kept secret, her information sources and strategies will be reduced. Finally these theories are based on rationality and people are not always rational and discontinuation due to side effect highlights this. Women do not plan to discontinue contraceptive use due to side effects and in terms of delaying, spacing or limiting pregnancy discontinuation due to side effects is irrational. However, within the context of a woman's life discontinuation is likely to be the only solution to a situation, which the woman finds untenable.

Justify use of the methods

Qualitative methods have been used in conjunction with qualitative methods in two distinct ways. One has been the use of qualitative methods to inform the design of a quantitative research instrument and the other has been to gain greater understanding of behaviour levels and trends found using quantitative methods. This thesis is using the DHS to examine who discontinues due to side effects and some contextual information is available for example spousal communication and accessibility to health services. However this is impossible to examine the process involved in the decision to discontinue due to side effects. In the case of spousal communication the effect of this is likely to vary between women. Some women may be supplied with a method by their husbands and told to use it, some may discuss what method is best, some have their husbands approval but decide on which method themselves or/and with the service provider and some may follow their husbands recommendation. These different scenarios are likely to have different impacts on the strategies that a woman can or cannot adopt and the decision to discontinue or not, and on the husband's support of his wife should she experience side effects.

Justify the scientific validity of methodological approach

This approach has been extensively used in the study of sexual behaviour where levels and trends of different types of behaviour have been identified in quantitative surveys but the processes underlying these behaviours necessitate a qualitative approach. In the case of sexual behaviour research the aim has been to gain greater understanding of the possible range of behaviours, and the opinions, justifications and explanations that are associated with these behaviour. (28). The aim is not to explain the variance in behaviour but to examine the processes underlying the behaviour. The theoretical approach of these studies is very similar to study of discontinuation due to side effects.

Limitations and Difficulties of the proposed research and justify.

The success of this method depends heavily on the ability of the interviewer and the quality of the question route. Thorough training of the interviewer is planned along with an initial pretest of the question route. Following the identification and solving of any difficulties the interviewer may have and changes to the question route the piloting of the study will start. Following the completion of six interviews, the transcripts will be sent to Southampton and then discussed by the principle investigator with her PhD supervisors (Prof I Diamond and Dr R Ingham). This discussion will examine both if the key aims are being addressed and if additional questions need to be included. Throughout the study completed transcripts will be examined and adjustments made to the question route or interviewing procedure where appropriate. [3]

Ethical issues

The design of the question route has aimed to minimise the potential of women believing hormonal methods cause side effects following the interview. This aim also to ensures the scientific validity of the study. Should the woman have any questions following the interview related to side effects, the research team will endeavor to answer any questions that they are able to, and in all cases will inform the relevant CHW of the women's question(s).

Safety procedures observed to protect an individual's privacy

As the study will be asking the woman to recount personal experience every effort will be made to maintain her anonymity and everything an individual woman says will be confidential. Only the principle investigator and the interviewer will know her identity, and the tapes and the question route will be anonymised with numeric codes.

[3] Note: The urban based interviews are going to be carried out in Marie Stopes Clinics in Dhaka prior to the interviews in Matlab. Both the pretest and the pilot will have been completed by the time of the fieldwork in Matlab.

McEachran, Juliet

Facilities Available

Describe the availability of physical facilities at the place where the study will be carried out. For clinical and laboratory-based studies, indicate the provision of hospital and other types of patient's care facilities and adequate laboratory support. Point out the laboratory facilities and major equipments that will be required for the study. For field studies, describe the field area including its size, population, and means of communications. **(TYPE WITHIN THE PROVIDED SPACE).**

The field area for this research will be Matlab. The Matlab thana is a sub district of Chandpur, on the Ganges Deltaic floodplain, south east of Dhaka. First established in 1963 this research site is now divided into two distinct areas. The MCH-FP intervention area currently contains 67 villages and the Comparison area 75. According the 1996 census the population of the MCH area is 108,363 persons and the Comparison area 104,661.

This study will based in the MCH-FP area, which is divided into four blocks, A, B, C and D, the study will sample women from Blocks A and C. Only blocks A and C are to be used due to the change to clinic based delivery in Block B and D.

In 1998 the contraceptive prevalence in the MCH-FP area for the Pill and Injectable was 28.5% and 48.1% respectively.

Data Analysis

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

The data will be analysed by the Principle Investigator following transcription and translation of the interviews. The scripts will be examined for both horizontal and vertical themes. Horizontal analysis is the examination of the transcripts for recurrent themes. In the urban part of the study one recurrent theme already identified is that the pill or injectable 'suits/fits' the woman, indicating that the suitability of the method is perceived to vary from woman to woman. Vertical analysis examines the logic of individual's responses and the process under study. In this case, what were the significant events that led to discontinuation, the strategies employed by the women and who were the decision makers/ informants in the decisions to adopt, discontinue and seek help for the management of side effects. The transcriptions will also be examined for taken granted assumptions and the justifications involved in any decision.

While the transcripts will be examined as they are completed the full analysis of the data will be completed on the Principle Investigator's return to Southampton. The analysis package Ethnograph, which has been developed for the analysis of text will be used to examine the themes described above.

Ethical Assurance for Protection of Human Rights

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

The aim of this study is to investigate why women discontinue hormonal contraceptive use due to side effects. It is hoped that this research will lead to improvements in women's experience of contraceptive use and thereby reduce discontinuation for this reason.

The rights of the respondents are protected by only proceeding with the interview after informed consent has been obtained, giving the respondents the right to stop the interview at any time and to refuse any question that they are uncomfortable answering. Following the interview the rights are protected by the anonymisation of both the interview schedule and the tapes and the destruction of the tapes once they have been transcribed.

Use of Animals

Describe in the space provided the type and species of animal that will be used in the study. Justify with reasons the use of particular animal species in the experiment and the compliance of the animal ethical guidelines for conducting the proposed procedures.

Literature Cited

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

1 Mitra SN, Al-Sabir A, Cross AR and Jamil K (1997). 'Bangladesh Demographic and Health survey 1996-1997' National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International Inc: Calverton, Maryland .

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15 McEachran J (1999). Barriers and opportunities to effective contraceptive management in Bangladesh. Paper presented at the *1999 Annual Meeting of the Population Association of America*: New York.

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McEachran, Juliet

Dissemination and Use of Findings

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

The results from the study will be first written up for the PhD, but it is also hoped that they are presented at a conference for example PAA or BSPS and a paper is accepted in The Journal of Biosocial Science, Social Science and Medicine or Studies in Family Planning.

Collaborative Arrangements

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

A separate part of this study is being undertaken in Dhaka in Marie Stopes clinics, a copy of the MOU is included with this proposal.

McEachran, Juliet

Biography of the Investigators

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

Name	Position	Date of Birth
Miss Juliet McEachran	PhD student Department of Social Statistics University of Southampton, UK	27th January 1971

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

Institution and Location	Degree	Year	Field of Study
University of Newcastle Upon Tyne	BA	1990/93	Combined Studies
Centre for Population Studies, London School of Hygiene and Tropical Medicine	MSc	1993/94	Medical Demography
Department of Social Statistics University of Southampton	PhD (in progress)	1997/present	Social Statistics

Research and Professional Experience

Concluding with the present position, list, in chronological order, previous positions held, experience, and honours. Indicate current membership on any professional societies or public committees. List, in, chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. **(DO NOT EXCEED TWO PAGES, USE CONTINUATION SHEETS).**

Sept-Oct '97 — **London School of Hygiene and Tropical Medicine, Centre for Population Studies**
Research Assistant

Sept - Aug '96 '97 — **World Health Organisation, Social Science Research Component, Special Programme of Research, Development and Research Training in Human Reproduction**
Technical Officer

Aug - Aug '95 '96 — **Royal College of Obstetricians and Gynaecologists, Confidential Enquiry into Stillbirths and Deaths in Infancy**
Data Analyst

Jan - July '95 — **London School of Hygiene and Tropical Medicine, Centre for Population Studies**
Research Assistant

Dec — **World Health Organisation, Social Science Research Component,**

McEachran, Juliet
'94

Special Programme of Research, Development and Research Training in Human Reproduction
Research Assistant

Bibliography

McEachran J and I Diamond (1998). Contraceptive and Fertility Trends in Bangladesh. Chapter for a forthcoming IUSSP publication.

McEachran, Juliet

Detailed Budget for New Proposal

Project Title: Hormonal Contraception: The User's Perspective

Name of PI: Juliet McEachran

Protocol Number: 2000-007 Name of Division:

Funding Source: Amount Funded (direct): Total: Overhead (%)

This study is already funded by both the UK Economic and Social Research Council (ESRC) and the Simon Population Trust

Starting Date: April 2000 Closing Date: June 2000

Strategic Plan Priority Code(s):

Sl. No	Account Description	Salary Support			US $ Amount Requested		
	Personnel	**Position**	**Effort %**	**Salary**	**1st Yr**	**2nd Yr**	**3rd Yr**
	Interviewer		100	140	**140**		
	Translator		100	1,440	**1,440**		
	Sub Total				**1,580**		
	Consultants						
	Local Travel						
	International Travel						
	Sub Total						
	Supplies and Materials (Description of Items)						
	Audio cassettes 35 @ 70 Thaka each				**49**		
	Cassette Batteries 30 @ 4 for 25 Thaka				**5**		
	Microphone batteries 20 @ 40 Thaka each				**16**		
	Questionnaires and consent forms 60 @ 1 Thaka each				**6**		
	Sub Totals				**76**		

	Other Contractual Services			
	Repair and Maintenance			
	Rent, Communications, Utilities			
	Training Workshop, Seminars			
	Printing and Publication			
	Staff Development			
	Sub Total			

	Interdepartmental Services	**1st Yr**	**2nd Yr**	**3rd Yr**
	Computer Charges			
	Pathological Tests			
	Microbiological tests			
	Biochemistry Tests			
	X-Rays			
	Patients Study			
	Research Animals			
	Biochemistry and Nutrition			
	Transport			
	Xerox, Mimeographs etc.			
	Sub Totals			
	Other Operating Costs Travel to Matlab 12 @ $15 (Two persons three return trips) Per Diem for interviewer 20 days @ 500 Thaka + travel Accommodation in Matlab 40 days @ $45 (Two persons for 20 days)	**90** **200** **1800**		
	Sub Total	**2090**		

TOTAL DIRECT COST **3746**

McEachran, Juliet

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.

The Interviewer is required for this study due to the necessity for them to be very familiar with the Bengali language. The interviewer is currently working with the Principle Investigator in the urban sites and has received a thorough training and has been involved in the development of the questionnaire since its draft form.

The Transcriber is required by this study in order that the Bengali tapes are translated into English with the least possible loss of content. This content includes the identification of phrases or concepts often used by respondents in describing their experiences.

McEachran, Juliet

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)

I am currently in the second year of three year Economic and Social Research Council (ESRC) grant of 8,000 GBP per annum.
For the work in Bangladesh I have been awarded an ESRC fieldwork grant of 2340 GBP, and I successfully applied to the Simon Population trust for 2450 GBP for the fieldwork here in Bangladesh.

McEachran, Juliet

Check List

After completing the protocol, please check that the following selected items have been included.

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** [√]

APPENDIX

International Centre for Diarrhoeal Disease Research, Bangladesh
Voluntary Consent Form

Title of the Research Project: Hormonal Contraception: The user's perspective

Principal Investigator: Juliet McEachran

Before recruiting into the study, the study subject must be informed about the objectives, procedures, and potential benefits and risks involved in the study. Details of all procedures must be provided including their risks, utility, duration, frequencies, and severity. All questions of the subject must be answered to his/ her satisfaction, indicating that the participation is purely voluntary. For children, consents must be obtained from their parents or legal guardians. The subject must indicate his/ her acceptance of participation by signing or thumb printing on this form.

Hello My name is ..... I am working for the University of Southampton on a study of women's experience of contraceptive use. The study aims to find out the experience of women who are using or have used either the pill or injectable. The overall aim of the study is to examine ways in which your experience of contraceptive use might be improved.

The interview will take one hour and while initially I will collect some background information, the majority of the interview will be more of a conversation. Because your views are very important to the study and I cannot write down all you say, I hope that the interview may be recorded. I am the only one who will be able to identify you from this tape and anything you say to me will be treated in the strictest confidence and your identity will not be revealed. Once the report has been written the tapes will be destroyed and you will not be identified in the report.

If you agree to take part in this interview you do not have to answer any questions that you feel uncomfortable with and you can terminate the interview at any time.

Do you have any questions for me?

Would you agree to be interviewed?
If yes please could you mark this form.

Signature of Investigator/ or agents
Date:

Signature of Subject/ Guardian
Date:

সাক্ষাৎ প্রদানকারীর জন্য জ্ঞাতব্য

সাক্ষাৎকার গ্রহনের পূর্বে প্রত্যেক উত্তরদাতাকে নিম্নলিখিত বক্তব্য পড়ে শোনাতে হবে।

আসসালামু আলাইকুম,

আমার নাম:

আমি সাউথহ্যামটন ইউনিভার্সিটির পক্ষে মহিলাদের গর্ভনিরোধ ব্যবহারের অভিজ্ঞতার উপর একটি সমীক্ষার কাজে নিয়োজিত। এই সমীক্ষার উদ্দেশ্য হলো, যে সমস্ত মহিলারা খাওয়ার বড়ি বা ইনজেকশন ব্যবহার করেছেন বা করছেন তাদের অভিজ্ঞতা জানা।

এই সমীক্ষার সম্পূর্ন উদ্দেশ্য হলো, আপনার অভিজ্ঞতার আলোকে কিভাবে গর্ভনিরোধ ব্যবহারকে আরো উন্নত করা যায় তাহা পরীক্ষা করে দেখা। এই সাক্ষাৎকার গ্রহন করতে আমার এক ঘন্টা সময় লাগবে এবং কথোপকথনের মাধ্যমে আমি আপনার সম্বন্ধে কিছু তথ্য গ্রহন করব।

যেহেতু, আপনার মতামত এই সমীক্ষার জন্য অত্যন্ত গুরুত্বপূর্ণ এবং আপনার সমস্ত মতামত আমার পক্ষে লিপিবদ্ধ করা সম্ভব নয় তাই এই তথ্যগুলি আমি রেকর্ড করে নিতে চাই।

একমাত্র আমিই এই টেপ থেকে আপনার গুরুত্বপূর্ণ তথ্য সমূহ জানতে পারব এবং আপনার সমস্ত বক্তব্য অত্যন্ত গোপনীয়তার সাথে রক্ষা করা হবে এবং আপনার পরিচয়ও গোপন রাখা হবে।

রিপোর্ট লেখার পরে এই টেপ মুছে ফেলা হবে এবং এই রিপোর্টে আপনার পরিচয় ব্যবহার করা হবে না। এই সাক্ষাৎকারের সময় আপনি যদি আমার কোন প্রশ্নে অস্বস্তিবোধ করেন তাহলে সেই প্রশ্নের উত্তর আপনি নাও দিতে পারেন এবং যেকোন সময় সাক্ষাৎকারও বন্ধ করে দিতে পারেন।

আপনি কি সাক্ষাৎকারে অংশ নিতে রাজী আছেন?

উত্তর দিতে রাজী হয়েছেন [1] উত্তর দিতে রাজী হননি [2]

Signature of Interviewer: Ashrafun Nagar Shikha Date: 06.02.00

Respondent: Nasima - 01/12/00

MOU between Ms. Juliet McEachran And Marie Stopes Clinic Society

Ms Juliet McEachran is a PhD student from University of Southampton. She has now done up a research project which consist of in- depth interviews of about 40 urban and 40 rural women in Bangladesh.

The aim is to investigate the side effect that women report due to hormonal contraceptive use in Bangladesh.

The research objectives are:

- To identify side effects reported by women
- To identify how these side effects are seen to be caused by hormonal methods
- To examine how these side effects impact on women's day to day life
- Examine the strategies adopted by women to mitigate these side effects
- To examine why some women continue use and other discontinue.

Part of the data collection will be in collaboration with MSCS in urban areas.

MSCS.759 Satmasjid Road Dhanmondi.Dhaka is implementing a project on R.H. care. The main objective of the project is to improve the use of R.H. services including sexually transmitted disease treatment by the target groups.

The MOU is based on the proposal from Juliet to do resurrect using MSCS Dhaka clinics.

UNDERSTANDING

- The MOU covers the period from January'00 to July'00.
- MSCS will support Juliet to identify the Static Clinics and Mini clinics where she will conduct her interviews.
- MSCS will assist to select interviewers who will accompany her during this research period to interview clients and also act as interpreter paid by Juliet.
- MSCS will also help her to get clients according to the target.
- In addition to her aimed research work she will also collect information about the following two questions which is to MSCS's interest:
- Women 's attitude towards their partner's acceptance of NSV
- Women's client's comments on existing client flow (If possible).

- Juliet will also ensure that:
    - Clients information will be kept confident
    - Medical ethics are to be followed
    - Any publication coming out of the research will give due recognition to MSCS
    - Allow MSCS the opportunity for feedback in the publication
- MSCS will not bear any expenses for this study.

Signature

If the above terms are acceptable to you, please sign the MOU.

Dr. Yasmin H. Ahmed
Country director

Date: 31/1/2000

Ms. Juliet McEachran

24/2/11
New Questionnaire

BDS

Section 1

Background and Demographic Characteristics

	Questions	Responses	Skip
101.	Please tell me your name?	Name:_____	
102.	How old are you?	☐☐ years	
103.	Have you ever attended school?	Yes 1 No 2 → 105	
104.	What class you have passed?	☐☐ Class	
105.	Are you currently married?	Yes 1 No 2 → Terminate interview	
106.	How long have you been married? (If less than 1 year write 00)	☐☐ Years ago	
107.	Did your husband ever attend any school?	Yes 1 No 2 → 109	
108.	What was the highest class he passed?	☐☐ Class	
108a.	What is the main occupation of your husband?	Occupation:_____	
109.	How many living sons and daughters do you have? **(IF NONE WRITE O)**	Sons ☐ Daughter ☐	

110. Who lives in your household? **(READ OUT ALL THE OPTIONS)**	Persons	Yes	No	Number
	Husband	1	2	\\\\\\\\\
	Sons	1	2	
	Daughters	1	2	
	Father-in-law/Father	1	2	
	Mother-in-law/Mother	1	2	
	Sister-in-law/sister	1	2	
	Brother-in-law/brother	1	2	
	Other_____ (Specify)	1	2	

111. Do you go outside the home for--------- **(READ OUT ALL THE OPTIONS)**		Yes	No	
	a. To go to the health center/ Doctor	1	2	
	b. To go for shopping/to the market	1	2	
	c. To work for earning What do you do	1	2	

If circle code 2 in a and/or b of Q.111 then ask 113 or else ask Q.112.

112. Who accompanied you

a. For going health centre/doctor
b. For shopping

Accompanied by	Health center	Shopping
Nobody	1	2
Husband	1	2
Son	1	2
Daughter	1	2
Relative	1	2
Neighbor	1	2
Health worker	1	//////////////////
Other_____	1	2

113. Are you or your husband currently using any family planning method?	Yes 1 No 2	

Start the tape from Q.114 and also write down the answers from Q.114 to 119.

	Now 1st Episode	2nd Episode	Marriage 3rd Episode
114. Pregnancy			
115. Method used, **if mention pill** ask about the brand, but **if not mention** the brand, ask about the colour of packet.			
116. How long the method used?	Month	Month	Month
117. Reason stop.	Reason:	Reason:	Reason:
118. Any side effects please mention.	Side effect:	Side effect:	Side effect:
119. **(Only for pill and condom)** Regularity of use.			

Now I would like to talk with you about the FP methods which you have used

START WITH THE MOST RECENT METHOD (Q.120-134) AND AFTER THAT THE NEXT RECENT (Q.120-134) AND THE NEXT METHOD (Q.120-134)

Don't write the responses (Q.120 to 139) they are only on tape.

A. ADOPTION:

120.	a.	Did you talk to anyone about adopting?
	b.	Who?
121.	a.	To what extent were other people involved in the decision to adopt family planning? - Family planning worker - Husband - Sister-in-law - Mother-in-law - Other relative - Friend - Other _____ (Specify)
	b.	How were they involved?
122.		How did you feel about that? (Probe)
123.		Why was this particular method chosen?

B. EXPERIENCE OF USE:

124.	a.	What was your experience of using this method?
	b.	What were the good things?
	b.	What were the bad things?
125.		If side effects mentioned, did you expect these?
126.		How did the pill/injection cause these problems?

127.	a.	How did these affect your everyday life. PROBE - In house - In work - In family - Husband **Which side-effect ⟶ which effect** (Probe, how did you feel about, your husband, the people you work for colleagues and Boss, your child) b. Are there things that are more difficult to do?
128.		Was there anything you could do to reduce this impact?
129.		**If yes,** Did you use these strategies? How did you find out about them? Who from and what were they?
130.		Were you warned about side effects by the service provider? **If yes,** What did they say/recommend?

C. DISCONTINUATION:

DO NOT ASK Q.131 TO 134 FOR MOST RECENT METHOD IF SAYS CURRENTLY USING

131.	a.	Did you talk to anyone about discontinuing? c. Who?
132.	a.	To what extent were other people involved in the decision to discontinue family Planning? - Family planning worker - Husband - Sister-in-law - Mother-in-law - Other relative - Friend - Other _____ (Specify) b. How were they involved.
133.		How did you feel about that? (Probes)
134.		What were the reasons for discontinuation? If due to side effects, which side effects.

First ask by methods used, if only pill or only injectable used ask if know other method, if yes then ask about the other.

Question 135 only for methods used. 1st one method then the other
BEIEFS IN COMMUNITY

135.
- Have you ever heard of any side effects associated with use of this method?
- *If yes,* What are these side effects?
- Why do they occur?
- How did these affect the woman everyday life (Probe- In house, In work, In family, Husband)
- Are there things that are difficult to do? What are these things?
- How does this impact on her life?
- What can be done to reduce these effects?
- How did you find out about these? Who?
- Who do women talk to about these effects?
- What was their opinion/advice?

IF BOTH METHODS DISCUSSED SKIP TO 139

136. Do you know of any other methods ?
If yes, what are those?

Pill	01
Injectable	02
Condom	03
IUD	04
Norplant	05 → 139
Female sterlization	06
Male sterlization	07

If pill or injectable mentions in Q.136 then ask 137 or else skip to 139.

137. Have you ever used pill/injectable method?

Yes	1
No	2

138.
- Have you ever heard of any side effects associated with use of this method?
- *If yes* , What are these side effects?
- Why do they occur?
- How did these affect your everyday life. (PROBE, in house, in work, in family, husband)
- Are there things that are difficult to do? What are these things?
- How does this impact on her life?
- What can be done to reduce these effects?
- How did you find out about these? Who?
- Who do women talk to about these effects?
- What was their opinion/advice?

FINALLY

139.
- Which method would you recommend method to someone else?
- What advice would you give them about its use?
- What specifically would you say to others about it?

Thank you very much for your time, your comments are very important for our research.

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6th March 2000

Dr. Kim Streatfield
ICDDR'B

Dear Kim,

I am writing with respect to the proposed research that Juliet McEachran wishes to undertake with ICDDR'B. Juliet is an extremely talented woman who is undertaking a doctoral thesis in this Department. Her work, falls firmly within the epistemological basis of this Department in that it comprises a strong quantitative element, in this case a series of multilevel discrete time hazard models of contraceptive use dynamics in Bangladesh using some of the most recent DHS surveys, together with a qualitative element informed deeply by the quantitative analyses. It is this qualitative element which forms the basis of the research which I very much hope that Juliet will be able to undertake with ICDDR'B. I should point out that the qualitative element of her thesis is not solely with ICDDR'B but the ICDDR'B element provides a rural comparison for some fieldwork being undertaken in urban areas.

I would like to confirm that Juliet's proposed thesis research has been approved by her Advisory Board in the Department of Social Statistics at Southampton, and also by the UK Economic and Social Research Council and the Simons Population Trust.

Juliet has been very active in gaining funds to prosecute some fieldwork in Bangladesh and I am in no doubt whatsoever that the research which she intends to undertake will have the following outcomes: (a) it will be of a high scientific standard; (b) it will provide results which will have relevance for the improved operationalisation of the delivery of family planning in Bangladesh in a post Cairo era; and (c) it will enable Juliet to develop personally as a researcher with the crucial mix of quantitative and qualitative skills necessary to meaningfully undertake further some of the most important demographic issues to date.

I hope very much that you are able to support this proposal and needless to say I give it my total recommendation. Please do not hesitate to contact me if you need any further clarification.

Yours sincerely,

Ian

Ian Diamond
Dean of Social Sceinces