

PD-AAM-128

BN 13141

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

TO : William H. Foege, M.D.
Director, Center for Disease Control (CDC)
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE)

DATE: 22 ~~March~~ ^{April} 1980

FROM : Michael J. Rosenberg, M.D., M.P.H.
Patrick Gould, M.P.H.
Family Planning Evaluation Division

SUBJECT: Resources Support Services Report: Menlo Park, California, January 8 - 9; Honolulu, Hawaii, January 11; Bangkok, Thailand, January 17; Dacca, Bangladesh, January 18 - February 21; London, England, February 25 - 27, 1980

	<u>Page</u>
SUMMARY	
I. DATES AND PLACES	2
II. PURPOSES	2
III. CHIEF CONTACTS	3
IV. ACCOMPLISHMENTS	4
A. Cancer and Steroid Hormone Questionnaire	4
B. Discussions with Thai National Family Planning Program	4
C. Sterilization Complication Study, Bangladesh	5
1. Training	
2. Field Testing	
3. Sampling Frame	
4. Data Processing	
5. Revised Budget	
6. Future CDC Involvement	
D. Reanalysis of Data on Timing of IUD Insertion and Risk of Pelvic Inflammatory Disease	10
E. Completion of Manuscripts on Abortion in Bangladesh	10
F. Discussions with International Planned Parenthood	10
G. Discussions with Peter Layde, M.D.	11

SUMMARY

The first portion of this trip was to confer with consultants regarding development of the dietary fat portion of the questionnaire for the Cancer and Steroid Hormone (CASH) Study. Our consultants held differing viewpoints regarding the number of food items which must be asked about to differentiate women into light, medium, and heavy consumers of dietary fat. We are attempting to limit our questions to only a few foods, and discussions made it apparent that our attempt to develop this new methodology for assessing fat intake requires validation by reference to populations with well documented dietary histories.

The remainder of the trip was to assist the government of Bangladesh in setting up a prospective study of surgical sterilization in order to define rates and causes of morbidity and mortality. Details of the study and questionnaire were modified from drafts developed on a previous visit, and a team of supervisors and field workers was hired and trained. The questionnaire and proposed travel routes for each team were field tested. Information on each sterilization performed will be collected in two phases. Information on the patient's condition and the operation will be recorded by a person working at the center where the sterilization is performed, and a proportion of those patients will be visited by six field teams throughout Bangladesh and administered a questionnaire designed to reflect any medical problems which may have arisen in the 14 to 28 days since the operation. We worked out a schedule for each team so that a 14-day circuit of centers is repeated. A mixture of 41 high and low volume centers will be sampled.

During the expected four month duration of the study, we expect to gather interhospital information on approximately 1300 vasectomies and 8600 tubectomies and to administer followup questionnaires to approximately 950 vasectomy patients and 4100 tubectomy patients. Each report of a death will be investigated by a physician.

Enroute to Bangladesh, a meeting was held in Bangkok with members of a Thai team who had conducted a similar type of field study in order to help identify potential problems.

Discussions regarding my work in Bangladesh were held in London with the Director of International Planned Parenthood Federation. In London I also met with Peter Layde, M.D., of the CDC, to discuss progress of the CASH study and several manuscripts in progress.

I. DATES AND PLACES

Menlo Park, California - January 8-9, 1980
Honolulu, Hawaii - January 11, 1980
Bangkok, Thailand - January 17, 1980
Dacca, Bangladesh - January 18 - February 21, 1980
London, England - February 25-27, 1980

II. PURPOSES

Menlo Park and Honolulu: To consult with Robert Morgan, M.D., of Stanford Research Institute, and with Jean Henkin, Ph.D, of the University of Hawaii, regarding the dietary questionnaire for CDC's study.

Bangkok: To consult with Anthony Bennett and Tongplaew Narkavonnakit, both of the Thai National Family Planning Program, regarding their study of abortion practitioners in rural Thailand and problems they encountered which could help with the planning of our study in rural Bangladesh.

Dacca: To assist the Bangladeshi government in implementing a national prospective study of sterilization complications.

London: To confer with Peter Layde, M.D., of the CDC regarding the CASH study and manuscripts in progress, and to confer with Pramilla Senanayake, M.D., Medical Director of International Planned Parenthood Federation, regarding my work in Bangladesh.

III CHIEF CONTACTS

Stanford Research Institute
Robert Morgan

University of Hawaii School of Public Health
Jean Henkin

Research and Evaluation Unit, National Family Planning
Program, Ministry of Health, Thailand
Anthony Bennett
Tongplaew Narkovonnakit

Sir Salimullah Medical College
Suriya Jabeen
M. Abdullah

University of Dacca Medical College
Firoza Begum

Program for The Initiation and Adaptation of Contraceptive
Technology (P^rACT)
Yousuf Choudhury
Margot Zimmerman

Bangladesh Fertility Research Programme (BFRP)
Atiqur Rahman Khan
Hasina Banu
Farida Akhtar Jahan
Pryabash Sarkar

Pathfinder Fund
Howard Gray

Ford Foundation
William Fuller
Tony Measham
Jalauddin Akbar

International Center for Diarrheal Disease Research, Bangladesh (ICDDR/B)
Bucky Greenough
Roger Glass
Lincoln Chen
Barbara Stoll
David Sack

IV ACCOMPLISHMENTS

A. CASH Questionnaire

As indicated in a prior report¹, a portion of the CASH study will evaluate dietary fat intake as a risk factor in the development of breast, endometrial, and ovarian cancer. We seek to reliably differentiate women into high, intermediate, and low consumers of dietary fat.

My (M.R.) discussions centered around how many food items need to be inquired about and whether it is necessary to determine the size of food portions in addition to how often that food is eaten. Each of the consultants had basically different approaches. Dr. Morgan feels that only a few foods--most notably, meat--form the most significant component of fat intake and that women who tend to eat a given food more frequently also tend to eat larger portions of that food obviating the need to ask about portion size. Dr. Henkin, on the other hand, feels that a minimal list of foods should include approximately ten items from each major food group and that portion size should be asked.

These differences in opinion reflect the difficulty in formulating a new methodology to qualitatively differentiate fat intake. Validation of the methods advocated by each of consultants is impossible without comparing the results of each approach with a population in which fat intake had been carefully measured. I have arranged to receive detailed lists of fat intake in a population measured by Miller² so that each approach can be evaluated.

The same data base will be used to examine the relationship between size of portion and frequency of intake for individual food items. After this information is available, we will be able to determine the degree of accuracy possible for a given degree of simplification and tradeoffs between the two. At this point, I feel that the approach advocated by Dr. Morgan will provide information adequate to met our needs.

B. Discussions With Thai National Family Planning Program

We met with Tongplaew Narkavaonnakit, Chief of the Research and Evaluation Unit of the Thai National Family Planning Program, and Anthony Bennett, an advisor to the Program from Johns Hopkins University, regarding their study of abortion

¹Rosenberg MJ: Memorandum to William H. Foege, M.D., December 31, 1979

²Miller AB; Kelly A; Choi NW: et al: A Study of Diet and Breast Cancer. Am J Epidemiol 107:499-509, 1978

practitioners in rural Thailand³. Their study consisted of interviews with rural abortion practitioners, and I expected that problems they encountered may have helped anticipate difficulties in our sterilization study in Bangladesh. They reported that only one practitioner of 81 approached refused to participate, and there was no independent means of verifying the information obtained from those who did respond. They encountered minimal problems with local dialects, and these were overcome by hiring a local inhabitant. Travel was done entirely by car and posed no problems. We discussed plans for our study, and they were not able to identify any major potential problems, although our project is considerably larger in geographical area covered and number of centers as well as more difficult access to many centers.

C. Sterilization Complication Study, Bangladesh

Our visit to Bangladesh was chiefly to assist with finalizing details and implementation of a national prospective study of sterilizing operations. This study has been funded initially for \$19,026 by the Program for the Initiation and Adaptation of Contraceptive Technology (PIACT) with a grant awarded to the Bangladesh Fertility Research Project (BFRP), the family planning research arm of the Bangladesh government. Initial design considerations and protocol are included in an earlier trip report¹.

Supervisory personnel involved with the study are:

1. Training

BFRP: Hasina Banu, Project Manager
Farida Jahan, Data Manager
Yousuf Choudhury, PIACT Program Manager
Pryabash Sarkar, Field Supervisor
Atiqur Rahman Khan, BFRP Director
Six Field Teams

Ford Foundation:

Jalauddin Akbar, Data Consultant
Anthony Measham, M.D., Medical Consultant

Sir Salimullah Medical College:

M. Abdullah, M.D., Medical Consultant
Suriya Jabeen, M.D., Principal Investigator

Center for Disease Control:

Patrick Gould, Data Consultant
Michael Rosenberg, M.D., Project Consultant

Twenty-three college graduates, most with previous field interviewing experience, received six days of training in basic sampling and statistics, medical aspects of sterilization, and training in filling out the study's questionnaires. They spent an additional day at the Model Clinic of Sir Salimullah Medical College watching tubectomies and speaking with patients.

2. Field Testing

The first portion of the field work consisted of an interview with sterilization patients in the Dacca area. This permitted pilot testing of the questionnaire and allowed the interviewers practice with the form. As a result of the 78 interviews (14 vasectomy and 64 tubectomy patients), the questionnaire was modified, and the final version is presented in Appendix A. Weaknesses in certain interviewers were also identified.

Since the initial planning of routes was hampered by incomplete and often conflicting reports of the number of procedures being performed, the second portion of field testing involved traveling the selected routes for each team and collection of reliable data the number of procedures were performed over the previous three months at each center. The interviewers visited each center, noting the travel arrangements and costs, overnight accommodations, number of procedures, and visited with the physician at each center and the District Family Planning Office (who is responsible for all the centers in that district) to explain the project and ask their cooperation. During this phase, the female interviewers remained in Dacca to receive additional training and experience with practice interviews.

3. Sampling Frame

1. Teams: Data collection will occur in two phases. Background information on the patient and intra- and postoperative progress and medication will be recorded on Form 1 (Appendix A) by an employee of the sterilizing center who will be paid taka 0.75 (5¢) per form. A questionnaire designed to elicit information about possible medical complications (Form 2, Appendix A) will be administered by a member of one of six field teams. During the first visit to each center and again at the end of the study a survey of emergency equipment on hand will be done. Five of the six teams will initially consist of one male and two females, while the sixth will have two males and two females because of the higher number of vasectomies performed in that team's area. Males will follow-up vasectomy patients, while the female

interviewers will interview tubectomy patients. Since there will be more procedures performed than the study personnel can interview, the workers will begin interviewing patients operated on 14 days previously. They will next interview patients operated on 15 days before their visit, then 16 days, and so forth, until they run out of patients (no patient operated on more than 28 days previously will be interviewed) or until their travel schedule demands that they proceed to the next center.

We have assumed that on the average, each interviewer will conduct three interviews per day; this includes travel time and assumes a seven day work week. Thus the capacity of each team member with three persons will be 21 interviews per week. Since there are ten to twenty times as many tubectomies as vasectomies presently being performed in Bangladesh and a male must accompany female field workers during team travel for cultural reasons, the male interviewers will not be working to capacity and will assume the additional responsibility of arranging accommodations, dispensing payment for Form 1's filled out by the center, monitoring the quality of collected data, performing liaison with sterilization center personnel, arranging chaperones for the female interviewers as necessary, and handling problems that arise. The study's field supervisor will contact each team at least one per month to collect forms and help deal with problems.

After field testing and collection of accurate data on numbers of procedures performed at each center over the past few months, we were able to decide which centers to include and the number of male and female interviewers to be assigned to each team at the start of the project and as new workers are recruited and trained, travel routes and time to be spent in each center, and to estimate the number of procedures anticipated for the projected four month life of the study. Appendix B presents this information, and a map showing the routes of each team is included as Appendix C.

Additional workers will be hired as soon as possible and trained so that they begin work four weeks after the initiation of the study. Two females will be added to the Dacca team and one female to the Khulna team, in addition to other workers who will be available to replace any dropouts from the original teams. Assuming that the number of procedures at our centers remains the same for the life of the study, we estimate that information up to the time of hospital discharge (Form 1) will be available on 1304 vasectomy and 8604 tubectomy patients, and of

these, 967 vasectomy and 4104 tubectomy patients will have follow-up questionnaires (Form 2) administered. However, the variability in numbers of procedures and the manifold complexities involved with prospective collection of data in Bangladesh underscore the uncertainty of these estimates. One of us (M.R.) will visit Bangladesh after the study has been operating approximately two months to examine the number of procedures and follow-up interviews being conducted and to determine the possible need of extending the study period or terminating the study before its projected four month life.

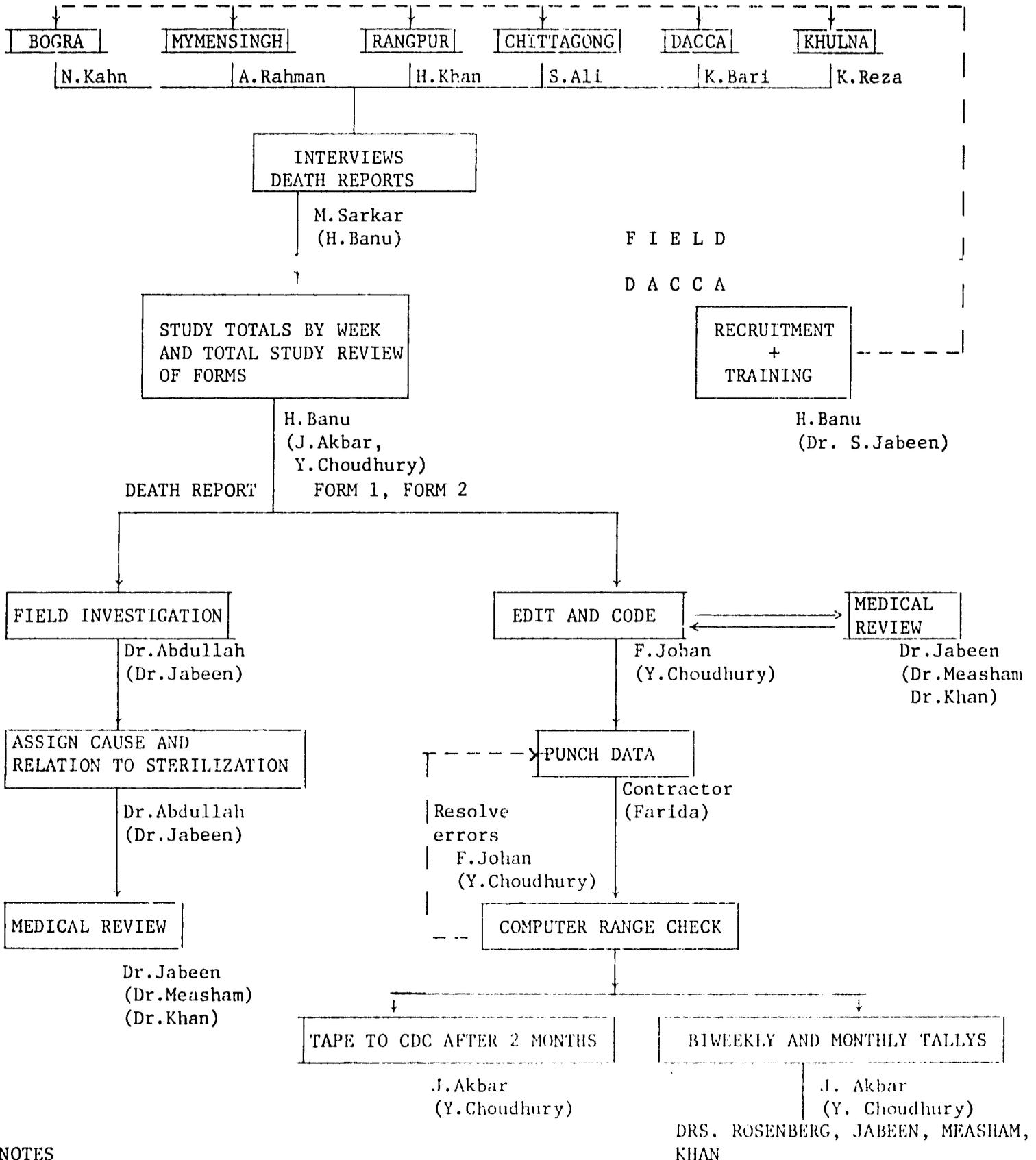
If these estimates of procedures are correct, we anticipate approximately eight deaths ($8604 \times 0.1\%$ with a 95% confidence interval of 6 to 22 deaths assuming a Poisson approximation) and 240 complications ($4788 \times 5\%$) in the tubectomy group and no deaths ($1304 \times 0.01\%$) and 145 complications ($967 \times 15\%$) in the vasectomy group.

4. Data Processing

The diagram on the following page summarizes handling of the information collected. The processing has been designed with an interdependent supervisory structure so that there is always at least one person to back up and assist each person and so that each person is involved at more than one step. The collected data will be brought to BFRP in Dacca for processing when the team returns from the field for its monthly vacation, or when visited in the field by the field supervisor, or on other field visits by supervisory personnel. Reports of deaths will be copied and sent to BFRP by registered mail and will be immediately forwarded to the medical consultant, who will make a field investigation of each case and ascertain the cause of death and its relationship to the sterilization.

Data received by BFRP will be reviewed by the project coordinator, who will monitor the performance of each team and team member. The data will be edited, coded according to a manual we wrote (available for examination at the Epidemiologic Studies Branch), Family Planning Evaluation Division, CDC), and punched onto cards by a statistical subcontractor. Medical ambiguities will be resolved by a medical consultant, and punched cards will be checked for range errors using a minitab edit program we wrote. After resolution of errors, biweekly tabulations to monitor the progress of the project will be run and distributed to project supervisory personnel and sent to the CDC for review. At the time of our first return visit a tape of data collected to that time will be brought to the CDC for analysis by interviewer and by

ORGANIZATION OF STERILIZATION STUDY



NOTES

NAME BELOW BOX INDICATES PRIMARY RESPONSIBILITY
 NAME IN PARENTHESES INDICATES CO-WORKER AND PICKUP

Center to serve as a quality check. At the conclusion of the study, a clean data tape will be sent to the CDC for analysis.

5. Revised budget

Changes made on the basis of pilot testing necessitated an increase in budget to \$26,019 (Appendix D). A request for additional funding has been sent to PIACT.

6. Future CDC involvement

This project demands careful monitoring on a continual basis because of the complexity of this prospective collection system and the many assumptions based on imperfect data which were necessary in the design stages. In addition to frequent contact by telephone, we anticipate that a visit will be necessary about two months into the project (late April 1980) and at the conclusion of the data collection phase.

D. Reanalysis of data on timing of IUD insertion and risk of pelvic inflammatory disease.

At the request of Carl Tyler, Director, FPED, and Paul Wiesner, Director, Venereal Disease Control Division, I assisted Dr. Firoza Begum with reanalysis of data for her paper to be presented at the CDC's Symposium on Pelvic Inflammatory Disease. A revised abstract was written, and details of the planned presentation were reviewed. I will complete the analysis upon receipt of information presently in the U.S. and will have the slides made at the CDC to illustrate Dr. Begum's talk.

E. Completion of Manuscripts on Abortion in Bangladesh

In conjunction with Anthony Measham, M.D., of the Ford Foundation, we completed drafts for two manuscripts dealing with abortion mortality and physicians attitudes toward abortion in Bangladesh, both based on work completed during my last visit. When the third paper of the series is completed, they will be submitted as accompanying articles.

F. Discussions with International Planned Parenthood Federation

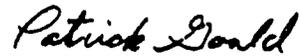
I (M.R.) met with Pramilla Senanayake, M.D., Medical Director of the International Planned Parenthood Federation, in London. We discussed my work in Bangladesh and a proposed IFRP project to collect information on deaths due to fertility control in Bali.

G. Discussion with Peter Layde, M.D.

I (M.R.) also met with Peter Layde, M.D., of the CDC's FPED. We discussed my dietary work and the progress on the CASH Study, and I brought him up to date on the anticipated schedule for beginning full scale data collection. We also reviewed several manuscripts in progress at the CDC.



Michael J. Rosenberg, M.D., M.P.H.



Patrick Gould, M.P.H.

APPENDIX A
(Form 1)

ফর্ম - Form 1

ফলোআপ
করা হয়েছে Follow-up

ফলোআপ পদ্ধতি গবেষণা
(বাংলাদেশ ফার্টিলিটি রিসার্চ প্রোগ্রাম)
কার্ড

STUDY OF STERILIZATION
(BANGLADESH FERTILITY RESEARCH PROGRAMME)

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I-5

রোগীর প রিডিডি: Patient's Identification

CARD

I

6

রোগীর নাম Patient's Name

স্বামী/পিতার নাম Husband's/Father's Name

ইউনিয়ন Union গ্রাম : Village

সিকট বড়ী বিলম্ব কোন স্থানের নাম Neighboring Important Place

সিকট বড়ী বিলম্ব কোন কিসের নাম Neighboring Important Person

প্রেরকের নাম ও ঠিকানা : Name and Address of Referrer

বাড়ী খুঁজে পাওয়ার জন্য অত্যন্ত তথ্য : Other Information to help locate patient

1. ক্লিনিক Clinic

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7-8

2. Sex of Patient

পুরুষ = Male

মহিলা = Female

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9

3. অগারেশনের তারিখ Date of Operation

DAY	MONTH	YEAR

10-15

4. বাড়ী হিলাত তারিখ Date of Discharge

DAY	MONTH	YEAR

16-21

5. Weight Lb. Unknown
জনন পাউন্ড জান মাই

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22-24

6. Height In. Unknown
উচ্চতা ইঞ্চি জান মাই

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25-26

অগারেশনের পূর্বের অবস্থা: Pre-operative Information

7. অগারেশনের পূর্বের শারীরিক অবস্থা Physical condition before operation

--	--

27-28

Hemoglobin (ingrams)
 ১. হিমোগ্লোবিন (২৩ গ্রাম)

29-30

Hematocrit
 হিম্যাটোক্রিট

Unknown
 জানা নেই

Other Laboratory work
 ২. অন্যান্য গবেষণার উফ :

31-32

Medication used Before or During Operation:
 III. অপারেশনের পূর্বে বা পূর্বে ব্যবহৃত ঔষধ :

নাম Type	পাথন Route				Total Dose মোট ডোজ
	নিঃসরণ IV	নিঃসরণ IM	মুখে Oral	জানা নেই Unknown	
A.T.S এ.টি.এস					
Atropine আট্রোপাইন					
Largactil লার্গাক্টিল					
Pethidine পেথিডিন					
Phenergan ফেনেরগান					
Plainocain প্ল্যানোকেন					
Xylocain ক্সিলোকেন					
Valium ভ্যালিয়াম					
Sedaxen সেডাক্সেন					
Other : অন্যান্য : সহায়ক সামগ্রী Including anesthetic সামগ্রীর নাম এবং Gases (বিবরণ) (Specify)					

33-34

35-36

37-38

39-40

41-42

43-44

45-46

47-48

49-50

51-53

নামকৃত প্রক্রিয়া : Type of Procedure

(যদি রোগী পুরুষ হন তাহলে ১৩ নং প্রশ্নে যান, If patient is a male, skip to #14, If patient
 যদি মহিলা হন তাহলে নিচের প্রশ্নগুলি বিজ্ঞাপন করুন) (is a female ask the following questions.)

Did patient give birth within a month prior to the sterilizing operation?
 II. অপারেশনের পূর্বে মত এক মাসের মধ্যে কি রোগী সন্তান প্রসব করেছেন?

No
 না = ১৪

54-55

If yes, number of days since delivery: Days
 হ্যাঁ, কতদিন আগে প্রসব করেছেন : ----- দিন

12. Type of Operation (Women only)
 12. অপারেশনের ধরন (মুখ্যত মহিলাদের জন্য)
 Laparotomy (incision in abdomen; also called mini-lap)
 ল্যাপারোটমি (পেটে কাটা, যি মি-ল্যাপ ও মলা ময়) = 1
 Other (Specify) _____ = 2
 অন্যতর (বিস্তারণ) _____ = 2

56

Method of tubal occlusion (Women only) "
 13. টিউব বন্ধ করার পদ্ধতি (মুখ্যত মহিলাদের জন্য)
 Tube not occluded (Operation not completed)
 টিউব বন্ধ করা হয়নি (অপারেশন শেষ করা হয়নি) = 1
 Reason:
 কারণ : _____

57

Ligation (tied with suture)
 নাইগেশন (সূতা দিয়ে বাঁধা) = 2
 Ligation (tied with suture) and portion of tube cut (Pomeroy Procedure)
 নাইগেশন (সূতা দিয়ে বাঁধা) এবং টিউব কেটে ফেলা (পমেরয় প্রসিডার) = 3
 Coagulation with electricity (cauterization)
 বিদ্যুৎদ্বারা জ্বালা দেওয়া = 4
 Other (specify) _____ = 5
 অন্যতর (বিস্তারণ) : _____ = 5

Skip to 15
 ১৫ নং প্রশ্ন দেখুন।

Method of vas occlusion (males only)
 14.. আস (মুখ্যত পুরুষের জন্য) বন্ধ করার পদ্ধতি (মুখ্যত পুরুষের জন্য)
 vas not occluded (Operation not completed)
 আস বন্ধ করা হয়নি (অপারেশন শেষ করা হয়নি) = 1
 Reason:
 কারণ : _____

58

Ligation (tied with suture)
 নাইগেশন (সূতা দিয়ে বাঁধা) = 2
 Ligation (tied with suture) and vas cut
 নাইগেশন (সূতা দিয়ে বাঁধা) এবং আস কেটে ফেলা = 3
 Coagulation with electricity (cauterization)
 বিদ্যুৎদ্বারা জ্বালা দেওয়া = 4
 Other (specify) _____ = 5
 অন্যতর (বিস্তারণ) : _____ = 5

Complications before Discharge
 ডিসচার্জের আগে কোনো জটিলতা : _____

15. Were there any complications?
 15. কোন জটিলতা ঘটেছিল কিংবা না?

No
 না . 98

59-60

Yes (Specify)
 হ্যাঁ, বিস্তারণ : _____

16. କେଣୀ ସାମବାଜ୍ୟ/କ୍ଲିନିକ୍ ଥରେ କାହୀ ସାମବାଜ୍ୟ ପୂର୍ବେ କି କେଣ କାଟିକୋଟିକ୍ ଦେଣା ହେବି ? Were any antibiotics given before the patient left the hospital/clinic?

Type ସଂକଳନ	Route ପଥ				Dose No. of pills/tablets କୋଟି/କୋଟି
	IV	IM	ORAL	OINMENT	
ପେନିସିଲିନ Penicillin					<input type="text"/> <input type="text"/> 61-62
ସ୍ଟ୍ରେପ୍ଟୋପେନିସିଲିନ Streptopenicillin					<input type="text"/> <input type="text"/> 63-64
ଟେଟ୍ରାସାଇକ୍ଲିନ Tetracycline					<input type="text"/> <input type="text"/> 65-66
ଟେରାମାଇସିନ Terramycin					<input type="text"/> <input type="text"/> 67-68
ଅନ୍ୟାନ୍ୟ : Other					<input type="text"/> <input type="text"/> <input type="text"/> 69-71

17. ପ୍ରକାଶନେତ୍ର ପର କେ କାଳି କେଣୀ ସାମବାଜ୍ୟ/କ୍ଲିନିକ୍ ଥିଲ ? After the operation how many nights did the patient spend in the hospital/clinic?

No. of nights
କାଳିକ ସଂଖ୍ୟା -----

72-73

18. ଯଦି କେଣୀ ପର କାଳି ସାମବାଜ୍ୟ/କ୍ଲିନିକ୍ ଥରେ ଥାଲେ ତାହା କି କାରଣେ ? If the patient stayed in the hospital/clinic at least one night was it because of?

- Complications
ସାମବାଜ୍ୟ କାରଣିକର ଘଟଣା = 1
- Social Cause
ସାମବାଜ୍ୟ କାରଣ = 2
- Standard rules
କାରଣିକର ନିୟମାବଳୀ = 3

74

19. କେଣୀ ସାମବାଜ୍ୟ/କ୍ଲିନିକ୍ ଯାକ କାଳି ପୂର୍ବେ କି କେଣୀ ମିଟାବି ? Did patient die before leaving the hospital/clinic?

- YES
ହାଁ = 1
- NO
ନା = 2

75

76-79

80

APPENDIX A
(Form 2)

Form 2
ফর্ম - ২

Follow-up
ফলো - আপ

Study of Sterilization
স্বকামায়ন গবেষণা

(বাংলাদেশ ফার্টিলিটি রিসার্চ প্রোগ্রাম)

Bangladesh Fertility Research Programme

										I-5
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CARD 2 6

Date of Interview

20. ~~আপনার সাক্ষাৎকারের তারিখ~~ -----

											7-12
DAY			MONTH			YEAR					

Respondent:

21. উত্তরদানকারী :

- Patient (skip to #23)
- রোগী (২০ নং প্রশ্ন দেখুন) = I
- Husband/wife of patient = 2
- রোগীর স্বামী/স্ত্রী
- Neighbor or friend of patient = 3
- রোগীর প্রতিবেশী বা বন্ধু
- Other (Specify) = 4
- অন্যান্য (বিবরণ)

I3

Is patient still alive?

22. রোগী কি এখনও জীবিত ?

Yes হ্যাঁ -----

No = (skip to #56)
না, ২০ নং প্রশ্নে চলে যান

রোগীর বৈশিষ্ট্য : Patient characteristics

23. ধর্ম : Religion

- Islam ইসলাম = I
- Hindu হিন্দু = 2
- Christian খ্রিস্টান = 3
- Other অন্যান্য = 4
- (Specify) (বিবরণ)

24. What is your present age? (years completed)

বর্তমানে আপনার বয়স কত? (পূর্ণ বছরে)
If unknown have the patient make the best guess
(জান না থাকলে অনুমান করতে হবে) ----- বছর Years

What is your present marital status?

25. আপনার বর্তমান বৈবাহিক অবস্থা কি ?

- Married বিবাহিত = I
- Single অবিবাহিত = 2
- Widowed বিধবা = 3
- Divorced তালাক = 4
- Separated পৃথক হয়েছেন = 5

26. How many years of schooling or madrasa have you completed?
আপনি মোট কত বছর স্কুলে/মাদ্রাসায় পড়েছেন ?

----- Years
বছর

Do you/your husband own land?

27. আপনি/আপনার স্বামীর নিজস্ব জমি আছে কি ?

- No না : 0
- Yes হ্যাঁ : Amount পরিমাণ : ----

28 How many living children are you the natural mother/father of?
বর্তমানে আপনার নিজের কতজন সন্তানমেয়ে আছে?

Number of male children
ছেলের সংখ্যা : -----
Number of female children
মেয়ের সংখ্যা : -----

22-23
 24-25

29. What is the age of your youngest child?
সবচেয়ে ছোট সন্তানের বয়স কত?

Year Month Days
বছর----- মাস----- দিন-----

26-27

30. Total number of abortions and still births
মোট গর্ভপাত এবং মৃত অবস্থায় জন্ম সন্তানের সংখ্যা কত? -----
Total number of live births

28-29

31. মোট জীবিত অবস্থায় জন্ম সন্তানের সংখ্যা : -----

30-31

32. How did you first hear about this operation?
এই অপারেশন সম্পর্কে আপনি প্রথম কি জবে শুনছিলেন?

32

33. What is the main reason for having your operation?
আপনার অপারেশন করার মূল কারণ কি?

33

34. For the month before your operation, which one of these methods did you or your spouse mainly use to avoid becoming pregnant?
আপনি বা আপনার স্ত্রী মূলতঃ কোন পদ্ধতি ব্যবহার করেছেন?

- None কিছুই না = 10
- Pill (oral) বড়ি (মাগ্গার) = 11
- Injection ইনজেকশন = 12
- Condoms কনডম = 13
- Withdrawal পৃষ্ঠাফাট = 14
- Safe Period নিরাপদ সময় = 15
- IUL আই, ইউ, ডি, = 16

34-35

Foam/diaphragm/jelly সোম/ডায়াফ্রাম/জেলী = 17
Partner sterile, প্রজনন ক্ষমতাহীন
(Unable to have child) (নকাল তৈরিতে অক্ষম) = 18

Other (Specify) বাকাল ----- Are you/your wife currently breast feeding? YES NO

35. যানবাহনে/চিকিৎসা কেন্দ্রে কোনো ঔষধের নাম লিখুন বা গলে লেখুন
নিয়ন্ত্রণ কি? Did you take any medication after leaving the hospital/clinic?

NO
YES
Name or purpose of medication
ঔষধের নাম অথবা কি জন্য
কতদিন ব্যবহার
করেছেন

----- 36-37
----- 38-39
----- 40-41

Timing

Action

Medications/Treatments

Hospitalization

Problem	दिनांक Date	समय Timing			कार्य Action							औषध/उपचार Medications/Treatments				हॉस्पिटलाइजेशन Hospitalization			
		दिनांक Date	घंटा Hour	मिनिट Minute	1 दिनांक Date	2 कार्य Action	3 कार्य Action	4 कार्य Action	5 कार्य Action	6 कार्य Action	7 कार्य Action	8 कार्य Action	9 कार्य Action	10 कार्य Action	1 दिनांक Date	2 कार्य Action	3 कार्य Action	4 कार्य Action	
DID YOU HAVE ANY RASH OR ITCHING? 48. जलपात्र भरते वरिष्ठ कानाठ कृषि न पुनः कानि कानि काना ठर जाते नि ?	1	2	3	4	1	2	3	4						1	2	3	4		
DID YOU HAVE ANY BLEEDING FROM WHERE THE SKIN WAS CUT OR SOMEWHERE ELSE? 49. जलपात्र भरते वरिष्ठ कानाठ कृषि न पुनः कानि कानि काना ठर जाते नि ?	1	2	3	4	1	2	3	4						1	2	3	4		
DID THE STITCHES BREAK OR TEND TO PLACE WHERE THE SKIN WAS CUT FOR THE OPEN BREAK OPEN WHEN IT SHOULD NOT HAVE? 50. जलपात्र भरते वरिष्ठ कानाठ कृषि न पुनः कानि कानि काना ठर जाते नि ?	1	2	3	4	1	2	3	4						1	2	3	4		
DID YOU HAVE ANY OTHER PROBLEM? 51. जलपात्र भरते वरिष्ठ कानाठ कृषि न पुनः कानि कानि काना ठर जाते नि ?	1	2	3	4	1	2	3	4						1	2	3	4		

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44-50

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51-57

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58-63

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64-70

52. What characteristic did you like most in the health center?
 ଗ୍ରାହ୍ୟ କେନ୍ଦ୍ରର କେଉଁ ଲିଭିବିଷୟ ଆପଣଙ୍କର ସର୍ବୋତ୍ତମ ଭାବେ ଗହଣ ହେଉଛି ?

71

53. What characteristic did you like least in the health center?
 ଗ୍ରାହ୍ୟ କେନ୍ଦ୍ରର କେଉଁ ଲିଭିବିଷୟ ଆପଣଙ୍କର ସର୍ବୋତ୍ତମ ଭାବେ ଗହଣ ହେଉଛି ?

72

54. Height Inches
 ଓଠାଳ ଇଞ୍ଚ

55. Body build
 ଦେହର ଗଠନ
 Thin ଗାଢ଼ଳା = 1
 Medium ମଧ୍ୟମ = 2
 Heavy ଗୋଟା = 3

73-74

75

56. If patient died: If patient died:
 (1) କେତେ ସମୟ ମିଳିଥିଲା ? When
 (2) କେଉଁଠି ମୃତ୍ୟୁ ଘଟିଲା ? Where
 (3) If patient was taken to hospital or elsewhere:
 (3) ଯଦି ହସ୍ପିଟାଲରେ ନା ଘରକୁ କେଉଁଠି ନିଆଯାଇଥିଲା ତାହା ଯଦି ହସ୍ପିଟାଲରେ ନା ଘରକୁ ନିଆଯାଇଥିଲା ତାହା
 a) Name of place
 b) Name of doctor or other person responsible for patients care.
 (4) Reason for death?
 Describe how and why patient died as well as possible.
 (5) ଯଦି ରୋଗୀ କେତେ ଦୂର ଯାଇ ମୃତ୍ୟୁ ଘଟିଲା ତାହା ବିବରଣୀ ସହ ଲେଖନ୍ତୁ :

57. Interviewer name
 ନାମ ଓ ଗ୍ରହଣ କାରୀର ନାମ :
 Remarks: (initial and date all remarks)

76-77

58. Completion code
 ସମ୍ପୂର୍ଣ୍ଣ କରଣ :
 ଗ୍ରହଣ କାରୀଙ୍କ ଦ୍ୱାରା ସମ୍ପୂର୍ଣ୍ଣ ହେଲା = 1 Questionnaire completed
 ଉତ୍ତରଦାତା ଘରୁ ନାହିଁ = 2 Respondent not home 78
 ଉତ୍ତରଦାତାଙ୍କୁ ଖୁଜାଇ ନାହାନ୍ତି = 3 Respondent not located
 ଉତ୍ତରଦାତା ଉତ୍ତର ଦିଅନ୍ତି ନାହାନ୍ତି = 4 Respondent refused interview
 ମୃତ୍ୟୁ ହେଲା, କିମ୍ବା ଅନ୍ୟ କୌଣସି କାରଣ = 5 Dead, no other respondent
 ସମ୍ପର୍କ ନାହିଁ = 6 Respondent not contacted because of time limitations
 ସମୟ ସୀମାବଦ୍ଧତା = 7 Respondent not contacted for other reasons (specify)
 ଅନ୍ୟ କୌଣସି କାରଣ = 7 Respondent not contacted for other reasons (specify)

APPENDIX B
ESTIMATED NUMBER OF PROCEDURES
BFRP STERILIZATION STUDY
BANGLADESH, 1980

District, City and Center	Days at Center	Procedures per Month ¹		INTERVIEW TEAM				STUDY TOTAL						
				1st Month		2,3,4th Month		Background Information (Form 1) ²		Questionnaire (Form 2) ³				
				No. questionnaires completed per 2-week circuit ⁸		No. questionnaires completed per 2-week circuit ⁸		VAS	TUB	VAS	TUB			
1	2	3		4		5		6		7				
		VAS	TUB	1 M	2 F	1 M	4 F							
DACCA														
Dacca														
Azimpur MCH														
Dacca MCH	1-9	86	1028 ⁴	27	54	27	138 ⁵							
Mitford Hospital														
BAVS														
Narshindi	10,11	1	50	1	30	1	30							
Baider Bazar	12-14	0	40											
								348	1560	224	1176			
MYMENSINGH														
Mymensingh														
BAVS														
Mymensingh MCH	1-4	1	206 ⁶	1M	2F									
Family Planning Association				1	24									
Trishal	5,6	0	62											
Netrakona	7-9	10	70	0	12									
Nandail	10-12	0	44	5	18									
Kishoreganj	13,14	3	31	0	18									
				2	12									
								56	1228	56	672			
HITTAGONG														
Mirsarai	1,2	2	21	1M	2F									
Sitakund	3,4	1	22	1	12									
Rangunia	5-7	0	110	1	12									
Patia	8,9	4	108	1	18									
Chittagong				1	12									
MCH														
Model Clinic	10-14	6	251 ⁶	8	30									
BAVS						9	58							
Railway Hospital						2	8							
								96	1700	104	672			

1	2	3	4	5	6	7					
				<u>2M</u>	<u>2F</u>	<u>2M</u>	<u>3F</u>				
KHULNA											
Satkhir	1-3	6	106	3	18	3	27				
Bagerhat	4-6	13	94	7	18	7	27				
Khulna											
MCH	}	3	76	}	60 ⁷	36	60 ⁷	54			
BFPA		7-12	112						371 ⁶		
BAVS			14						166 ⁶		
Dumuria	13,14	7	164 ⁶	4	12	4	18				
								620	2304	592	924
RANGPUR				<u>1M</u>	<u>2F</u>						
Rangpur											
Medical Hospital	1-4	0	7	}	1	24					
BAVS		1	46		9	18					
Kishorganj	5-7	29	60								
Saidpur											
MCC Clinic	}	8-12	0	57	}	0	30				
Railway Hospital			0	1		0	12				
Nilphamari	13,14	0	20								
								120	764	80	672
BOGRA				<u>1M</u>	<u>2F</u>						
Sherpur	1,2	8	36	4	12						
Bogra	3-5	1	67	1	18						
Shipganj	}	6,7	3	53	}	2	12				
Khetelal			1	15		1	18				
Jaipurhat	8-12	1	38								
Nandigram		2	25								
Ghabtali	11-14	0	28	1	24						
								64	1048	72	672
				STUDY SUBTOTAL				1304	8604	1128	4788
				STUDY TOTAL ACCOUNTING FOR VACATION TIME ⁹				1304	8604	967	4104

NOTES

1. Average number for last three months for which information was available. If three months were not available, two months were averaged.
2. Product of number of procedures per month (less any limitations as noted) and 4-month stay duration.
3. Product of number of questionnaires completed per two-week circuit and 4-month study duration.
4. Form 1 will be completed only on the first 300 procedures only.
5. Two female interviewers will be stationed in Dacca.
6. Form 1 will be completed on the first 100 procedures only.
7. One male interviewer will be stationed in Khulna.

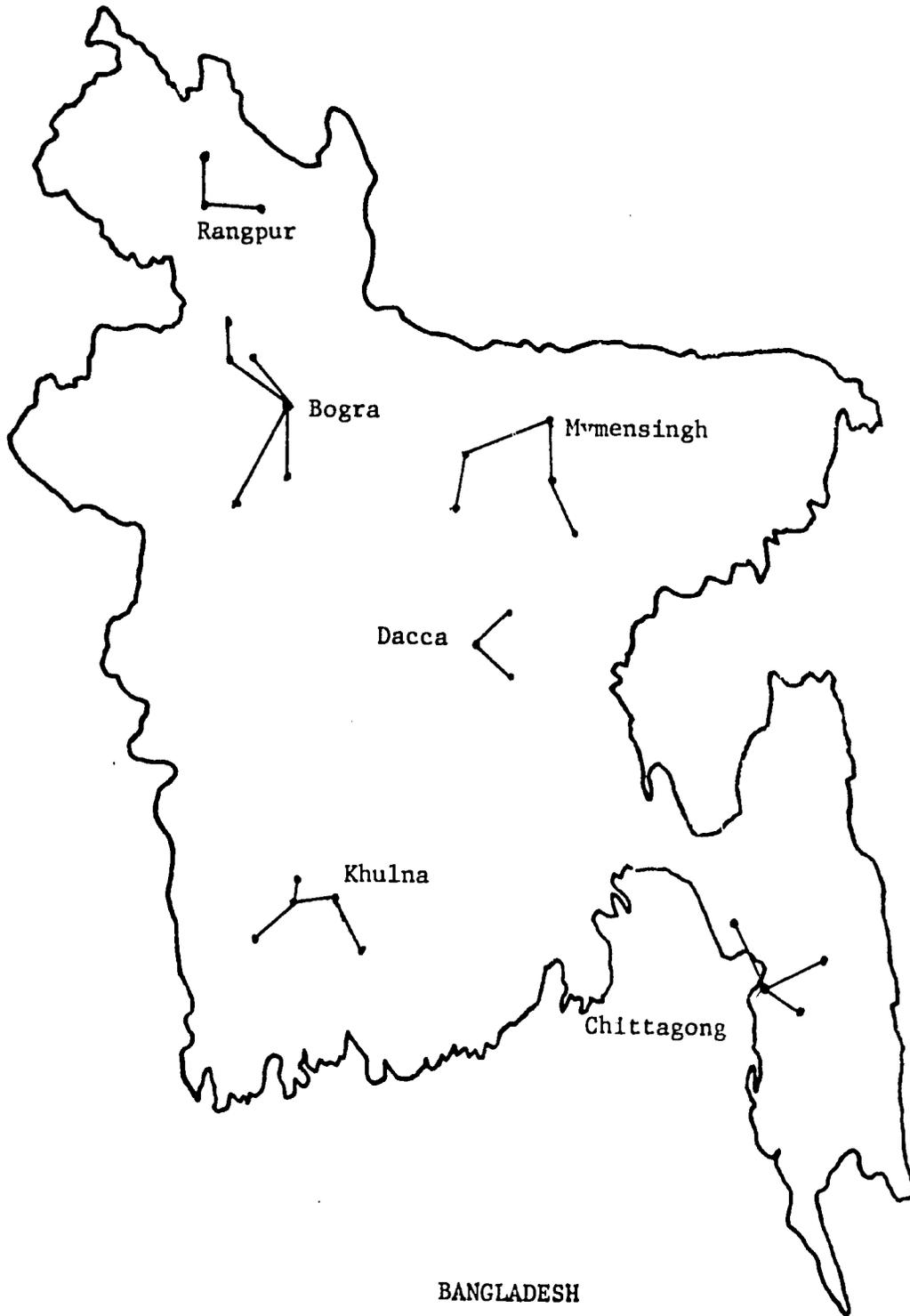
Appendix B (continued)

8. Assumes an average of three interviews per interviewer per day.
9. Assumes 16 week study period with 4 days off for each interviewer per 4 weeks.

ABBREVIATIONS

BAVS = Bangladesh Association for Voluntary Sterilization
BFPA = Bangladesh Family Planning Association
MCC - Mennonite Central Committee
MCH - Medical College Hospital
F = Female
M = Male
TUB = Tubectomy
VAS = vasectomy

APPENDIX C
ROUTES OF FIELD TEAMS



BANGLADESH

APPENDIX D

REVISED BUDGET - STERILIZATION PROJECT

Personnel

Principal Investigator - honorarium (S. Jabeen)	Tk.	5,000	
Medical Consultant (M. Abdullah)		5,000	
Project Coordinator 1500/mo x 12 mo (H. Banu)		18,000	
Research Coordinator 700/mo x 12 mo (F. Akbar)		8,400	
Field Supervisor 1000/mo x 6 mo (P. Sarkar)		6,000	
24 field workers 900/mo x 6 mo		129,600	
Coder 700/mo x 12 mo		8,400	
Field questionnaire workers - 13,200 questionnaires @ .75		<u>9,900</u>	
			190,300

Travel and per diem

24 field workers - return to Dacca 3 trips x 250 ea		18,000	
2 supervisors 6 trips x 250 ea		3,000	
24 field workers - per diem 900/mo x 6 mos		129,600	
2 supervisors 900/mo x 3 mos		5,400	
Coordinator, investigators & consultants travel		<u>5,000</u>	
			161,000
Coding, computer, editing, punching, verification computer tabulations and quality checks		20,000	
Questionnaire printing		10,000	
Field supplies, office supplies, postage		<u>10,000</u>	
			<u>40,000</u>
	TOTAL: Tk.		391,300
			US\$ 26,087